

M13000005017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

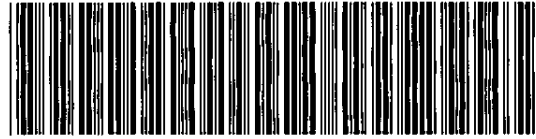
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
13 OCT 14 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 OCT 14 AM 9:51

FILED

N. Collins OCT 13 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 839305 7211086
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : October 8, 2013
ORDER TIME : 3:25 PM
ORDER NO. : 839305-005
CUSTOMER NO: 7211086
**TRUE NAME IS AVAILABLE.

FOREIGN FILINGS

NAME: CUPS FROZEN YOGURT, LLC

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 OCT 15 PM 1:49

DIVISION OF CORPORATIONS

October 15, 2013

CSC
SUSIE KNIGHT

SUBJECT: CUPS FROZEN YOGURT, LLC
Ref. Number: M13000005017

RESUBMIT
Please give original
submission date as file date.

We have received your document for CUPS FROZEN YOGURT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00024093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cups Frozen Yogurt, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Sebeth

Name of Person

Cups, LLC

Firm/Company

78 Okner Parkway

Address

Livingston, NJ 07039

City/State and Zip Code

tsebeth@briad.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Sebeth

Name of Person

at (973) 597-6433 x1178

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

2013 OCT 14 AM 9:51

RESOLUTION BY MEMBERS
TO RENOUNCE AN ALTERNATE NAME
IN THE STATE OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members
of Cups, LLC, a limited liability
(Name of Limited Liability Company)

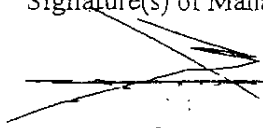
company duly organized and existing under the laws of Nevada.
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of
s. 608.406, Florida Statutes, the limited liability company hereby renounces the following
alternate name in the state of Florida:

Cups Frozen Yogurt, LLC
(Alternate Name Renounced in State of Florida)

Date: 10/14/2013

Signature(s) of Manager(s) and/or Managing Member(s):



Bradford Honigfeld

FILING FEE \$25

Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314