

P04000082150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

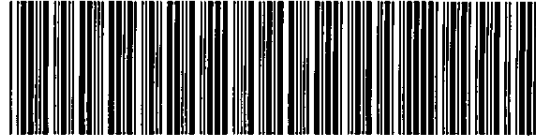
(Business Entity Name)

(Document Number)

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**FILED**

07 MAY 15 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KING ICE CREAM FOODS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000082150

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Claudia Patricia Ramirez

(Name of Person)

King Ice Cream, Inc

(Name of Firm/Company)

4021 SW 53 ST

(Address)

DAVIE FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA PATRICIA RAMIREZ

(Name of Person)

at ( 954 ) 274-2909

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

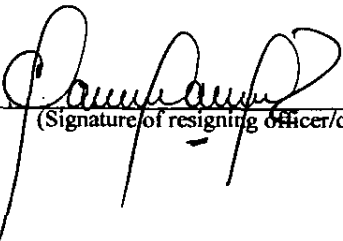
**FILED**  
**07 MAY 15 AM 8:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, CLAUDIA PATRICIA RAMIREZ, hereby resign as D V T  
(Title)

of KING ICE CREAM FOODS, INC  
(Name of Corporation)

P04000082150, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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