04000082150

•	•			
(Req	uestor's Name)			
(Adda	ress)			
(Addi	ress)			
(City/	State/Zip/Phone	= #) ,		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Doct	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300102326403

05/15/07--01018--012 **35.00

FILED

OTHAY 15 M 8: 40

SEVER LARY OF STATE

a B

COVER LETTER

Amendment Section

Division of Corporations KING ICE CREAM FOODS, INC SUBJECT: (Name of Corporation) PO4000082150 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose Jhonny Guevara (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: JOSE JOHNNY GUEVARA (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

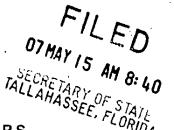
Street Address:

Amendment Section
Division of Corporations
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, JOSE JOHN	NNY GUEVARA	, hereby resign as	DPS
		,oo,g	(Title)
of	KING ICE CREAM	FOODS,INC	
	(Name of Corpor	ation)	
P04000082150	, а соп	ooration organized under the	laws of the State of
(Document Number, if	known)	_	
FLORIDA	·		
	13	<i>-</i>	
	Signature	of resigning officer/director)	<u></u>

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