

PD6000060436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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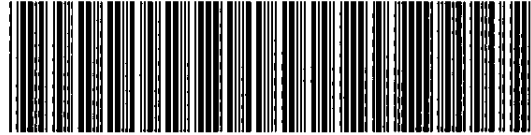
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 20 PM 2:53

FILED

tn 5-25-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUENCHERS ICE CREAMS & SMOOTHIES INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000060436

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MATHEWS

(Name of Person)

(Name of Firm/Company)

152 SW FELIX AVENUE

(Address)

PORT ST. LUCIE, FL 34953-5582

(City/State and Zip Code)

For further information concerning this matter, please call:

BENNY MATHEW

(Name of Person)

at (708) 359-9646

(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:

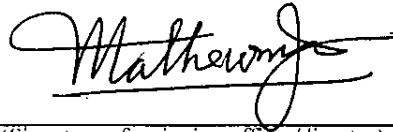
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
11 MAY 20 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JOHN MATHEWS, hereby resign as DIRECTOR
(Title)
of QUENCHERS ICE CREAMS & SMOOTHIES INC.
(Name of Corporation)

P06000060436, 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