

P 09000052812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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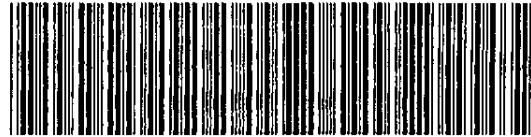
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*C. Coulliette*

C.COULLIETTE

FEB 10, 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sundae Afternoon Ice Cream Parlor  
(Name of Corporation)

DOCUMENT NUMBER: P0900052812

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

**Please return all correspondence concerning this matter to the following:**

Michael Highfill  
(Name of Person)

(Name of Firm/Company)

564 Wellhouse Dr.  
(Address)

Jacksonville, FL 32220  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

Michael Highfill at (904) 838-8122  
(Name of Person) (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**

I, Michael W. Highfill, hereby resign as Vice President  
(Title)

of Sundae Afternoon Ice Cream Parlor, Inc.  
(Name of Corporation)

P09000052812, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Michael W. Highfill  
(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

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