P0900052812

(Requestor's Name)
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ZOIL HAY -2 PH 3: 35
SECRETARY OF STATE ALLAHASSEE FOR DRID.

100R 5/9/11

COVER LETTER

SUBJECT:	SUNDAE AFT	ERNOON ICE CREAM PARLOR, INC.
		(Name of Corporation)
DOCUMENT N	NUMBER:P	09000052812
The enclosed Of	fficer/Director Resi	gnation for a Corporation and fee are submitted for filing
Please return all	correspondence co	ncerning this matter to the following:
Timothy Hend	lerson	
	(Name of Pers	son)
-	(Name of Firm/Co	ompany)
12205 W. Bea	aver Street #3	
	(Address)	
Jacksonville, I	Florida 32220	
	(City/State and Zi	p Code)
For further infor	mation concerning	this matter, please call:
Timot	hy Henderson	at (904) 693-6926 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a che	eck for \$35.00 mad	e payable to the Florida Department of State.
Street Address: Amendment Section of Corp Clifton Building 2661 Executive Of Tallahassee, FL	orations Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

FILED

OFFICER / DIRECTOR RESIGNATION 2011 MAY -2 PM 3: 35

SECRETARY OF STATE TALLAHASSEE.FLORID:

Timothy Henderso	n , hereby resign as	Secretary
W.H	,, 160.7gm db	(Title)
SUNDAE AFTERN	OON ICE CREAM PARLOR, INC	D .
(Na	ame of Corporation)	
P09000052812	, a corporation organized under	the laws of the State of
(Document Number, if known)	, a corporation organized andor	are laws of the state of
FLORIDA		
		
	Al.	
	(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