

PI4000029732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

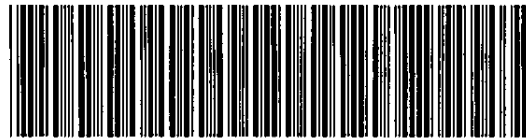
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUB ZERO ICE CREAM FLORIDA KEYS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000029732

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

Please return all correspondence concerning this matter to the following:

**CARLA L BAHN**

(Name of Person)

**SUB ZERO ICE CREAM FL KEYS**

(Name of Firm/Company)

**PO BOX 318**

(Address)

**ISLAMORADA, FL 33036**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CARLA L BAHN**

(Name of Person)

at ( **305** ) **664-9200**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

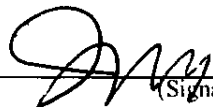
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOHN R. MILLER, JR., hereby resign as PRESIDENT  
(Title)

of SUB ZERO ICE CREAM FLORIDA KEYS, INC.  
(Name of Corporation)

P14000029732, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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