103000003330

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eiro Buyalows L.L.C. (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
More Spillane (Contact Person)	
Firm/Company)	2 PR-5 RA OF SALLAHASSEE. FI
D.O. BOX 218 (Address)	SEE. FLORIE
Pour Paton, FL 33429 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (School (Area Code	368-0008
Enclosed please find a check made payable to the Florida I	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of: Yaku beach Carry Hocias.
3. The Florida document/registration number of this limited liability company is:
<u>L03000003330</u>
4. 1, Print Name of Person Resigning), hereby resign as a Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)