L03000/0053

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2003

ERNESTO PRATO 4110 SW 97 AVENUE MIAMI, FL 33165

SUBJECT: CARIBBEAN BUSINESS DEVELOPMENT, LLC

Ref. Number: L03000010053

We have received your document for CARIBBEAN BUSINESS DEVELOPMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 203A00045883

Tammi Cline Document Specialist DIVISION OF CORPORATIONS

01 VISION OF CORPORATIONS

TRANSMITTAL LETTER

Division of Corporations CARIBBEAN BUSINESS DEVELOPMENT, LLC (Name of Corporation) L03000010053 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ERNESTO PRATO** (Name of Person) CARIBBEAN BUSINESS DEVELOPMENT (Name of Firm/Company) 4110 SW 97 AVE (Address) **MIAMI FL 33165** (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER						
				03.7	SEC	
				AUG	芸介	
	\sim			\sim	727	
I, ERNESTO	PRATO	, hereby resign as	M	NA CE鱼	ORPO ORPO	
_	_			(Title)	R	
OF CARLEBEAN	BUSWESS	DEVEWIME	NT,	TTC 20	PORATIONS	
(Limited Liability Company)						
a limited liability company organized under the laws of the State of FORLDA						
and affirm that the limited						
	Indens	Praso	_			
(Signature	of resigning manager	, managing member o	r memt	per)	-	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314