

LD3 006036391

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(City/State/Zip/Phone #)

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(Business Entity Name)

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LD3-36391
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE BREAD BASKET OF EAGLE RIDGE LLC
(Name of Corporation)

DOCUMENT NUMBER: 103000036391

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

Please return all correspondence concerning this matter to the following:

GEORGE ARVANITAKIS
(Name of Person)

ARVANI INTERNATIONAL HOLDINGS INC
(Name of Firm/Company)

PO BOX 667
(Address)

WAINES CITY FL 33845
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE ARVANITAKIS at (863) 906-0799
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2004

GEORGE ARVANITAKIS
PO BOX 667
HAINES CITY, FL 33845

SUBJECT: THE BREAD BASKET OF EAGLE RIDGE LLC
Ref. Number: L03000036391

We have received your document for THE BREAD BASKET OF EAGLE RIDGE 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.

Tammi Cline
Document Specialist

Letter Number: 704A00021321

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TALLAHASSEE, FL 32314


RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, ARUN INTERNATIONAL HOLDINGS INC hereby resign as MANAGING MEMBER
(Title)

of THE BREAD BASKET OF EAGLE RIDGE LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

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CORPORATIONS

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