Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number

: (850)205-0383

Account Name ': EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

E-BIZ MANAGEMENT, LLC

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| • | 1 |
|--|-----------------|
| 1. The name of the limited liability company as it appears on the seconds of the Florid of State is: E-BIZ MANAGEMENT, LLC | ia Department |
| | |
| 2. This limited liability company was organized under the laws of: the State of Florida | SECT |
| one ocase of the twa | 主治 |
| | 99 A |
| 3. The Florida document/registration number of this limited liability company is: L04000040223 | Y OF S |
| | 室 室 |
| 4.1. MARK D. COHEN hereby resign as a MEMBER | S _{tt} |
| (Print Name of Person Resigning) (Print | Title) |
| of this limited liability company and affirm the limited liability company has been n | ntified of my |
| resignation in writing. | valva is my |
| Signature of Resigning Member, Managing Member or Manager | • |
| - 1 | |
| | |
| Filing Fee: \$25.00 (Required) | |
| Certif ed Copy: \$30.00 (Optional) | |
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