N4000054583

(Requestor's Name)				
(Address)				
(A.H.				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
4				
(Business Entity Name)				
(Document Number)				
Certified.Copies Certificates of Status				
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T. CLINE JUL 29.2009. EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2009

PELVIN CEBAK P.O. BOX 351448 JACKSONVILLE, FL 32235-1448

SUBJECT: IVAN CRUZ BASEBALL INSTRUCTION, LLC

Ref. Number: L04000054583

We have received your document for IVAN CRUZ BASEBALL INSTRUCTION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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 oal (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 109A00024807

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: IVAN CRUZ BASEBALL INSTRUCTION, LLC (Name of Limited Liability Company)						
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for					
Please return all correspondence concerning the	nis matter to:					
PELVIN CEBAK						
(Contact Person)	Po	26				
ICBI, LLC	irio From Arm	2009 JUL 28				
(Firm/Company)	TAR	L 28				
P.O. BOX 351448		PH				
(Address)	E OR	1:42				
JACKSONVILLE, FL 32235-1448	om P	42				
(City/State and Zip Code)						
For further information concerning this matter	, please call:					
PELVIN CEBAK	_{at (} 904 ₎ 545-9314					
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	i alialiassee, Florida 52514					

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as N CRUZ BASEBALL		s of the Florida Department LLC
2. This limited liabi	lity company was organized	d under the laws of:	
3. The Florida docu <u>L0400054</u>	ment/registration number o 1583	f this limited liability con	npany is:
4. I, LUIS I. CR	UZ	herehy recion ac a	MANAGING MEMBER
	ame of Person Resigning)	, nereby resign as a	(Print Title)
resignation in wri	pility company and affirm the ting. gning Member, Managing N		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2909 JUL 28 PM I: SECRETARY OF STRALLAHASSEE, FLO