## L05000043469

(Requestor's Name)						
(Address)						
(Address)						
, , , , , , , , , , , , , , , , , , ,						
(City/State/Zip/Phone #)						
(Gity/State/Zipir Notice #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Cartifical Conics Cartificator of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A1.1						
AL						

Office Use Only



800087387288

02/09/07--01028--001 \*\*25.00

2001 FEB -9 P 3: 57
SECRETARY OF STATE
ALLAHASSEF, FIORICA

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUB	TECT: EUCAN HOLDING	SS, LLC
	(Name of L	.imited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Pleas	e return all correspondence concerni	ng this matter to:
TH	OMAS HEIMANN	76.0
	(Contact Person)	THE SECTION OF THE SE
		2001 FEB -9 SECRETARY TALLAHASSE
	(Firm/Company)	TARY OF ASSEE. F
		P 3: 57  OF STATE E.FLORIDI
480	06 50th AVE W	F STATE
	(Address)	
BR	ADENTON, FL 34210	
	(City/State and Zip Code)	
For fu	orther information concerning this ma	atter, please call:
	•	•
TH	OMAS HEIMANN	<sub>at (_</sub> 941) <u>308-6810</u>
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	_	Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
ı amar	nassee, Florida 32301	

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 ap of State is: <b>EUCAN HOLDINGS, LL</b>		of the Flo	orida De	partment
2. This limited liability company was organized undo FLORIDA	er the laws of:	SECRETA TALLAHAS	2001 FEB	
3. The Florida document/registration number of this L05000043469	limited liability con	RY OF STATE	مار بب	
4. 1, DANIEL TREMBLAY (Print Name of Person Resigning)	, hereby resign as a	MANA (Pr	SAGEF int Title)	3
of this limited liability company and affirm the limitesignation in writing.	ited liability compar	ny has bee	n notifi	ed of my
Signature of Resigning Member, Managing Member	er or Manager			

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)