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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	<i>⇒#</i>)
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SECRETARY OF STATE TALLAHASSEE FLORIDA

意志 : 1551.0.8.20%



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: EBC. Limited Liability Company (Name of Corporation)							
DOCUMENT NUMBER: LOSOPODU 6144							
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Frank J. Solee (Name of Person)							
FJ Jawalo							
(Name of Firm/Company)							
PD BOX 14-3289 (Address)							
CORAL GABLES, Floring 33/14 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Frank J. Solen at (305) 979-3534 (Area Code & Daytime Telephone Number)							
Enclosed is a check for \$35.00 made payable to the Florida Department of State.							
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314							

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Fr	mK	Solen	, hereby resi	gn as	MARN	1
						*(Title)
of EF	3c L	miled Lia (Name of Corpor	bility	Con	Pan	<u> </u>
LD5 OD (Docum	O O G G nent Number, if	known) a corp	poration organiz	zed under	the laws of	the State of
Flori	da					
		1	11			
		(Signature	of resigning office	r/director)		_

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE