WW 5000 19932

(Requestor's Name)	
•	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	Ļ
(Business Entity Name)	
, , ,	
(Document Number)	
, ,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



900085591079

02/05/07--01011--016 **25.00

2007 FEB -- 5 PH 12: 40

19432 Wale

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Ebene 3er Per (Name of Limited Lie	<u> </u>
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
Ebenezer Perez (Contact Person) Eberzer Perez (Flrm/Company)	,uc
(Name of Contact Person) (A	407 902-9302 Trea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the 1 \$25 Filing Fee	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

CR2E079 (5/06)

Tallahassee, Florida 32301



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 li	mited liability company as i	t appears on the records	of the Florida Departm	nent
of State is:	Ebenezer	rerez, Ll	<u> </u>	 .
2. This limited liabili	ty company was organized	under the laws of:		
3. The Florida docum	nent/registration number of	this limited liability com	SECRETAR'SELAHASS	
4. I, Emilia	Valerie Perez ne of Person Resigning)	, hereby resign as a	Secretorial I	
· ~	ity company and affirm the			my
(Oct	Jan ()	\		
Signature of Resign	ning Member, Managing Me	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:				