LO600046578

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
DIVISION OF CHARACTION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eagle One Managem	
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Denise Wells	
(Contact Person)	
Eagle One Management, LLC	
(Firm/Company)	
101 Pugliese's Way	
(Address)	
Delray Beach, FL 33444	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Denise Wells	_{at (} 561 ₎ 454-1613
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, 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: Eagle One Managemen	•
0.000000	
2. This limited liability company was organized und State of Florida	er the laws of:
3. The Florida document/registration number of this L06000046578	limited liability company is:
4. I, Henry N. Portner (Print Name of Person Resigning)	, hereby resign as a Manager (Print Title)
of this limited liability company and affirm the lim	
Signature of Resigning Member, Managing Memb	er or Manager

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Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)