L06000118054

(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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Office Use Only



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SEURLIARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations	
SUBJECT: HKSHB INTERNATIONA	AL BUSINESS. LLC
	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
ALVARO CASTILLO B., P.A.	
(Contact Person)	
CASTILLO & ASSOCIATES	
(Firm/Company)	
1390 BRICKELL AVENUE, SUITE	200
, (Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
ALVARO CASTILLO at	(_305) 371-5540
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$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)

TO: Registration Section



FILED 10 FEB 17 AM 10: 56 SECKETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as SHB INTERNATIONA		
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L0600011	ument/registration number of	this limited liability com	pany is:
4. I, ERNESTO	O A. PENTENERO Vame of Person Resigning)	, hereby resign as a _	MANAGER AND MEMBER (Print Title)
resignation in wi	bility company and affirm the iting.		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-	