10000118054

| (Re | equestor's Name) | |
|-------------------------|------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | _ |

Office Use Only



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02/15/10--01023--007 **25.00

TO FEB 15 PM 12:31

SECRETARY OF STATE
VALLAHASSEF, FINALE

D. BRUCE

FEB 16 2010

EXAMINER

COVER LETTER

| TO: Registration Section | | | |
|--------------------------------------------------------------|--------------------------------------------------------|--|--|
| Division of Corporations | | | |
| SUBJECT: HKSHB INTERNATION | IAL BUSINESS, LLC | | |
| (Name of Limit | ed Liability Company) | | |
| The enclosed member, managing member or filing. | manager resignation and fee(s) are submitted for | | |
| Please return all correspondence concerning t | his matter to: | | |
| ALVARO CASTILLO B., P.A. | | | |
| (Contact Person) | SE SE | | |
| CASTILLO & ASSOCIATES | FEB 15 | | |
| (Firm/Company) | SSE TS | | |
| 1390 BRICKELL AVENUE, SUITI | E. FLORI | | |
| (Address) | PATE | | |
| MIAMI, FL 33131 | A | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter | r, 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 \$25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & | | |
| 4 023 1 mmg 1 00 | Certified Copy | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 61 Executive Center Circle Tallahassee, Florida 32314 | | | |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as SHB INTERNATION | | the Florida Department. |
|---------------------------------|------------------------------------------------------------------|--------------------------------|-------------------------|
| 2. This limited liab | ility company was organized | d under the laws of: | |
| 3. The Florida doc L06000118 | ument/registration number o 3054 | f this limited liability compa | ıny is: |
| 4. I, JOSE GA | RANTON | , hereby resign as a M | ANAGER AND MEMBER |
| • | <i>lame of Person Resigning)</i> bility company and affirm th | | |
| resignation in wr | | ie minied nabinty company | nus boom nominou or my |
| Dor Esse | de anno | 7 | |
| Signature of Res | igning Member, Managing N | Tember or Manager | |
| | V | | 2 50 - |
| Filing Fee: | \$25.00 (Required) | | O FE |
| Certified Copy: | \$30.00 (Optional) | | Emi |