Division of Corporations

00029676

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Division of Corporations Public Access System

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To:

Division of Corporations

Delmonte

Fax Number : (850)617-6383

From:

Account Name

: DEL MONTE FRESH PRODUCE COMPANY

AMND/RESTATE/CORRECT OR M/MG RESIGN

Account Number: I20000000225

Phone

: (305)520-8056

Fax Number

: (305)448-6647

EUROGATE CONTRACTORS LLC

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12/11/2007

(FAX)

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Delmonte

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Eurogate Contractors LLC
(Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jeffrey S. Balley, Esq.
(Contact Person)
Bailey Wolfe, PLLC
(Firm/Company)
PO BOX 14-0848
(Address)
Coral Gables, Florida 33114
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeffrey S. Bailey, Esq. at ( 305 ) 520-8155
(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 \$ Certified Copy
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STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
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## 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 l	imited liability company as ogate Contractors LL	it appears on the records	s of the Florida Dep	artment	
2. This limited liabi Florida	lity company was organized	l under the laws of:			
3. The Florida docu L07000103	ment/registration number of	f this limited liability con	npany is:		
(Print No	Eckes-Chantre	, hereby resign as a	(Print Title)		
of this limited liab	ility company and affirm the	e limited liability compa	ny nas been notified	1 or my	
Signature of Resig	ming Member, Managing M	fember or Manager		0	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			IVISION OF C	OF DEPTING
CR2E079 (5/06)				AH 9: 40	`.`.