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S. HAWKES

JUL 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	
SUBJECT: Eagle Acquisition Services, LI	
(Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	:
Christie B. LaPiana	
(Contact Person)	<del></del>
•	
(Firm/Company)	_
1285 Adams St	
(Address)	_
Longwood, FL 32750	_
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Christie B. LaPiana at ( 407	252-4211
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
	\$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	s it appears on the records	of the Florida Bepartment
of State is: Eag	gle Acquisition Ser	vices, LLC.	- 5
2. This limited liab	ility company was organized	d under the laws of:	20 M C 35
3. The Florida docu <b>L090000</b>	ument/registration number o	f this limited liability com	pany is:
4. I, Christie E	3. LaPiana	, hereby resign as a	Managing Member
(Print N	ame of Person Resigning)		(Print Title)
of this limited lial resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
	B. La Piana		
Signature of Resi	gning Member, Managing I	Memoer or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		