14000065465

(Re	equestor's Name)	,
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

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T. CLINE

OCT 20 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EBIZ NETWORK LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MARCIA ROSE - REGISTERED A	GENT
(Contact Person)	
Prosperitas Associates Inc	, , , , , , , , , , , , , , , , , , , ,
(Firm/Company)	
C/O15715 S. Dixie Highway, Suite	232 232
(Address)	
Palmetto Bay, Florida	
(City/State and Zip Code)	29
For further information concerning this matter, p	please call:
MARCIA ROSE - AUTHORIZED AGENT at	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e 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 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it ap	-	of the Flo	orida De	partme	nt
_	ty company was organized und	der the laws of:		SECULIAR SE	2659 OCT 19	CHANGE AND
	nent/registration number of this 0 65465	limited liability com	pany is:	E PLONUA	計川: 29	
	בראינ (e of Person Resigning) ity company and affirm the lim ng.					у
Signature of Resign	ing Member, Managing Memb	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					