

L09000089871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

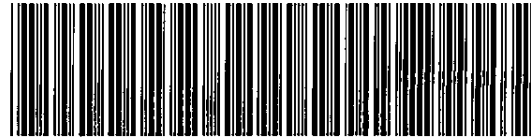
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**A. LUNT**

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**GENAUER & ASSOCIATES, P.A.**  
ATTORNEYS AT LAW

9400 South Dadeland Boulevard  
Suite 600  
Miami, Florida 33156  
Telephone: (786)363-4001  
Facsimile: (786)363-4007  
Email: mjj@genauerlaw.com

October 27, 2011

Florida Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

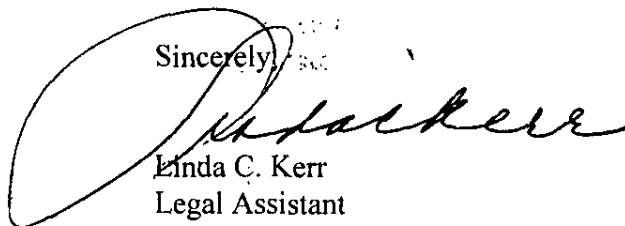
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TALLAHASSEE, FLORIDA

**EBD PROPERTY HOLDINGS, LLC**

Ladies and Gentlemen:

Enclosed herein for filing are the Resignation of the Registered Agent of the above-named company and our check in the amount of \$85.00 made payable to the Florida Department of State representing the requisite filing fee for same. Please acknowledge receipt of this filing by stamping the enclosed copy of this letter and return the same to me in the enclosed self-addressed, stamped envelope. If you have any questions, please call me. Thank you

Sincerely,



Linda C. Kerr  
Legal Assistant

Enclosures

**GENAUER & ASSOCIATES, P.A.**  
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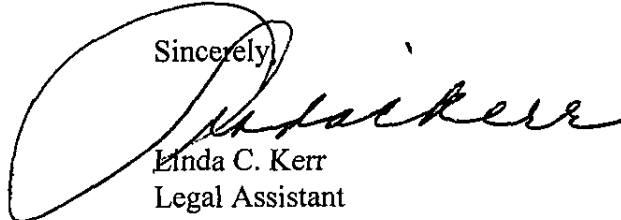
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Linda C. Kerr  
Legal Assistant

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GenLaw Registered Agent, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for EBD Property Holdings, LLC

Name of Limited Liability Company

L09000089871

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Martin J. Genauer

Typed or Printed Name

President

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314