## L09000102354

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## **COVER LETTER**

**Division of Corporations** SUBJECT: Coalicion de Inmigrantes Ecuatorianos EEUU-CANADA 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: Jaime Ojeda (Contact Person) (Firm/Company) 183 Lakeview Drive Apt 102 (Address) Weston FI.33326 (City/State and Zip Code) For further information concerning this matter, please call: at ( 954 ) 479-8327 (Area Code & Daytime Telephone Number) Jaime Ojeda (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & **✓** \$25 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

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



FILED

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SEUNLIMRY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		ppears on the records of the Florida Department Ecuatorianos EEUU-CANADA LLC
2. This limited liabil Florida	ity company was organized un	der the laws of:
3. The Florida docur L090001023	ment/registration number of thi	s limited liability company is:
4. I, Jaime Ojed	a	_, hereby resign as a Manager/Member Detail
	me of Person Resigning)	(Print Title) mited liability company has been notified of my
resignation in writ	~ ·	inted habitity company has been notified of my
	mpla	
	ming Member, Managing Mem	ber or Manager
Filing Fcc:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	