L 10000034550

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2010 APR 12 PM 12: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDI

T. CLINE

APR 1 8 2010

EXAMMER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BOWN FLO CA	bility Company)		
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for		
Please return all correspondence concerning this m	natter to:		
Marcu Baw (Contact Person)			
Bank Eco Chow, LLC (Firm/Company)	2010 APR SECRET TALLAH		
P.O. BOX 547442 (Address)	2010 APR 12 PM 12: 44 SECRETARY OF STATE TALL AHASSEE, FLORID		
ORlando, HL 32854. (City/State and Zip Code)	-7442 B F		
For further information concerning this matter, ple	ase call:		
	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the I \$25 Filing Fee	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		

CR2E079 (5/06)

Tallahassee, Florida 32301



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 lin	mited liability company as it a	appears on the records of	f the Florida Depa	rtment
of State is:	arrx ECO CHK	SW. LLC	<u> </u>	·
2. This limited liability	ty company was organized un	der the laws of:		
Flori's	la	•	XS X	29.
			EC 3	7010 APR 12
0 m2 m1 +1 1				PR 12
• .	nent/registration number of the	is limited liability compa	any is: (SA)	72
<u> </u>	134550	<u>_</u> ,	E. O	
<u> </u>	22		MICAES	PH IZ:
4. I,apre-	5 1 Dary	_, hereby resign as a _	MOXBE	1,31
•	•		(Print Eigle)	=
	ity company and affirm the li	mited liability company	has been notified	of my
resignation in writin	ng.	,		
- $ -$	mesi Jav	V		
Signature of Resign	ning Member, Managing Men	iber or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			