## L10000036474

(Re	equestor's Name)	
(Ac	ldress)	····
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	_	ation Section n of Corporations			
SUBJ	ECT: _	· <del></del>	PARICING of Limited Liability	SERVICES Company)	LLC
The er filing.		nember, managing mem	ber or manager re	signation and fee(s) a	re submitted for
Please	e return al	ll correspondence conce	erning this matter t	o:	
	<yr1,< td=""><td>AKOS DRYMO (Contact Person)</td><td>oni s</td><td></td><td></td></yr1,<>	AKOS DRYMO (Contact Person)	oni s		
		(Contact Person)			
_SE	EABRE	FZE PARICING (Firm/Company)	SERVICES LO	<u>_</u> C	
		(rtm/Company)			
6	<sub>2</sub> // 5	EABREEZE 13	BLVD		
		(Address)			
	DAYT	ONA BEACH A (City/State and Zip Code	= 32118		
For fu	irther info	ormation concerning thi	s matter, please ca	11:	
Kyı	R I AKO	DRYMONIS ne of Contact Person)	at ( 386 (Area Co	566-696 / ode & Daytime Telepho	one Number)
Enclos	_	e find a check made pay S25 Filing Fee		a Department of State  \$55 Filing Fee & Certified Copy	for:
Regist Division Clifton 2661 B	tration Se on of Co n Buildin Executive	rporations		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, Flori	orations

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 lin	nited liability compa EABREEZE			<del>-</del>
2. This limited liability FLOR.		nized under the la	aws of:	
3. The Florida docum  L 1000  4. I, J   WW J  (Print Name)	0036474			24 DV 15
	ity company and affi			السن السنا
Signature of Resign	ing Member, Manag	ing Member or M	lanager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			