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SECOND PARY OF STATE AND AHASSEE FINANCE.

D. BRUCE

APR 0 6 2012

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: EHP LLC (Name of Limited Liability Co	ompany)	
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to	:	
West Spillano		
(Contact Person)	_	
EHP, LUC (Firm/Company)	- SEC	Served from
7.0. BOX 218 (Address)	RETARY AHASSE	-
Boca Rafan, FL 33429 (City/State and Zip Code)	OF STATE	
For further information concerning this matter, please call	:	
	368-008 e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee	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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
2001 DACOUNT CONTOL	i unanussee, i fontua sasta	

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

	limited liability company as it a	appears on the records of the Flor	ida Department	
2. This limited liab	oility company was organized un	nder the laws of:		
	ument/registration number of thi	is limited liability company is:		
4. I, (Print N	Jame of Person Resigning)	_, hereby resign as a Office (Prin	2 Junge n Title)	
of this limited lial resignation in wr		mited liability company has been	notified of my PR - 5 PM AHASSEE. 1	
Signature of Resi	igning Member, Managing Mem	ber or Manager	F STATE ELORIDA	O
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			