

L11000028832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

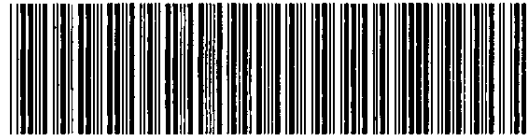
(Business Entity Name)

(Document Number)

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

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11 MAY -3 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -5 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EBI USA 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:

ZEYNEDDIN BITER

(Contact Person)

EBI USA

(Firm/Company)

1900 NORTH BAYSHORE DRIVE #3705

(Address)

MIAMI FL 33132

(City/State and Zip Code)

For further information concerning this matter, please call:

ZEYNEDDIN BITER

(Name of Contact Person)

at ( 786 ) 280 2541

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (5/06)

(A return envelope enclosed)

**FILED**  
**11 MAY -3 PM 2:50**  
SECRETARY 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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EBI USA LLC
2. This limited liability company was organized under the laws of: FLORIDA
3. The Florida document/registration number of this limited liability company is: L11000028832
4. I, ZEYNEDDIN BITER, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
**11 MAY -3 PM 2:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA