

U1000062920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EB5 Select 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:

Angela Kenny
(Contact Person)

EB5 Select
(Firm/Company)

116 Polo Park East Blvd
(Address)

Davenport, FL 33897
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Kenny at (863) 353 4853
(Name of Contact Person) (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

2012 JUL -6 PM 1:00
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TALLAHASSEE, FLORIDA
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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: EB5 Select 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: L11000062920

4. I, Donna Hicks, hereby resign as a managing member
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of resignation in writing.

 5/20/12

Signature of Resigning Member, Managing Member or Manager

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

2012 JUN -6 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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