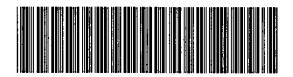
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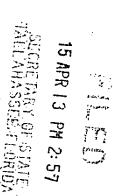
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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4. SHEVERS APR 2.3 1015

COVER LETTER

	gistration Section ision of Corporations		
CUDIFOT.	MY EBAY STORE ORLANDO	LLC	
SUBJECT:		ted Liability Cor	npany
Dear Sir or	Madam:		
The enclose	ed Statement of Denial and fee(s) are s	submitted for fili	ng.
Please retur	n all correspondence concerning this	matter to the foll	owing:
SARA BA	BROVE		
	Name of Person		
MY EBAY	STORE ORLANDO LLC		
	Firm/Company		
2634 JOH	INSON STREET		
	Address		
HOLLYW	OOD, FL 33021		
	City/State and Zip Code		
E-n	nail address: (to be used for future ann	nual report notifi	cation)
For further	information concerning this matter, pl	ease call:	
Ricardo C	Calzada, II, Esq.	407	843-2222
	Name of Person	Area Code	Daytime Telephone Number
Reg Div Clif 266	gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF DENIAL

Pursuant to section 605.0303, Florida Statutes, I hereby submit the following statement of denial:

MY EBAY STORE ORLANDO LLC.

SECOND: The document number of this limited liability company is:

L13000123216.

THIRD: The statement of authority to which this statement of denial pertains is:

who is listed as the company's registered agent has no personal knowledge of relationship with this company and never agreed to be its registered agent.

RICARDO CALZADA, II, ESQ.

Signature of person submitting denial

RICARDO CALZADA, II, ESQ.

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)