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(((H24000406596 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

26

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

Phone : (305)444-6226

Fax Number : (305)442-4829

 η ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESO HOLDING MASTER, LLC

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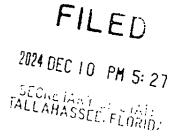
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COVER LETTER

TO:	Registration Section Division of Corporations	
01151		IOLDING MASTER, LLC
SUBJ	(Name o	Limited Liability Company)
The er	nclosed member, resignation or di	sociation and fee(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to:
LAUR	A KOHN	
	(Contact Person)	
ARAZO	DZA & FERNANDEZ-FRAGA P.A.	
	(Firm/Company)	
2100 \$/	ALZEDO STREET, SUITE 300	
	(Address)	
CORAL	GABLES, FL 33134	
	(City/State and Zip Code)	
For fur	ther information concerning this r	natter, please call:
LAURA	@ARAZOZA.COM	at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	ed please find a check made payal Filing Fee	le to the Florida Department of State for: \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
	Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahussee, FL 32303

H24000406596 3





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company	as it appears on the records of the Florida Department
of State is:	ESO HOLDING MASTE	R, LLC
2. The Florida doo	nument/registration number	assigned to this limited liability company is:
L24000106348		
3. The date this m	cmber/manager withdrew/re	esigned or will withdraw/resign is:
Print	Name of Person Resigning)	hereby withdraw/resign as a
AUTHORIZED	PERSON (AP)	
	(Print Title)	
of this limited lia resignation in wi	ibility company and affirm t riting.	the limited liability company has been notified of my
×	100	
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25,00 (Required) \$30.00 (Optional)	