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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MARCELL FELIPE, P.A.
Account Number : I20110000064
Phone : (305)381-8500
Fax Number : (305)381-6225

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LLC DISSOLUTION OR WITHDRAWAL
EBPARTNERS, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

EBPARTNERS, LLC

SUBJECT: _____
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ainsworth, Esq.

(Name of Person)

Marcell Felipe PA

(Firm/Company)

1001 Brickell Bay Drive, Ste 1800

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

John Ainsworth Esq

(Name of Person)

305 381-8500

at (_____) _____
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EBPARTNERS, LLC

(Name of limited liability company)

State of Delaware, USA

(Jurisdiction of its organization)

February 6, 2006

(Date registered with Florida Department of State)

M06000000810

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Felipe Labbe, MGR

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00