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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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J. Shivers MAY 02 2014

**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

305 381-8500

\_\_\_\_\_  
(Name of Person)

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)

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TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**