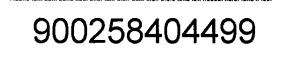
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP' WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



04/02/14--01016--002 **35.00

SECRETARY OF STAIL

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TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: E. F. S. PARTHERS INC. (Name of Corporation)					
DOCUMENT NUMBER: \$04000 138 70 6					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing					
Please return all correspondence concerning this matter to the following:					
Alberto Scaduto (Name of Person)					
E.F.S. PARTNERS INC. (Name of Firm/Company)					
44 Wall Street 10th Fl (Address)					
NEW YOLK NY - 10005 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Aberto Scaduts at (6039) 3318064587 (Name of Person) at (Area Code & Daytime Telephone Number)					
Enclosed is a check for \$35.00 made payable to the Florida Department of State.					
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301					

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Alberto	Sca du To	_, hereby resign as	Director (Title)		
of	E.F.S.	PARTNERS				
(Name of Corporation)						
Po 4000 138766, a corporation organized under the laws of the State of (Document Number, if known)						
	FlORIDA	<u> </u>				

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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