

PO 80000038758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

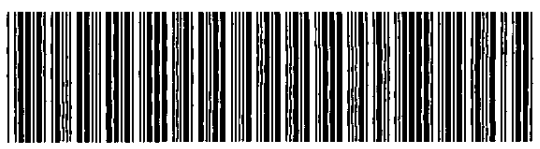
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/08--01015--010 **25.00

10/13/08--01003--008 **10.00

FILED
08 OCT 13 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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o/d Pes
O.P.
10/15/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2008

WILLIAM EILERS
EILERS & PRICE, P.A.
1670 BAY RD., #4B
MIAMI BEACH, FL 33139

SUBJECT: EILERS & PRICE, P.A.
Ref. Number: P08000038758

We have received your document for EILERS & PRICE, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 408A00049943

RECEIVED
2008 OCT -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eilers & Price, P.A.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Price
(Name of Person)

(Name of Firm/Company)

912 9th St #1
(Address)

Santa Monica, CA 90403
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Price at (305) 807-6322
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

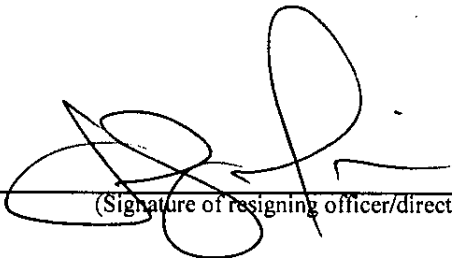
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Eric Price, hereby resign as VP / Treas
(Title)

of Eilers & Price, P.A.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08 OCT 13 PM 2:41

FILED

FILING FEE IS \$35.00

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

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