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SECRETARY OF STATE

COVER LETTER

Division of Co		
SUBJECT:	ZUPA Real Estate of St. Armands, LLC (Name of Limited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	BURT ZUDA (Name of Person)	
	Weichert Realfors ON THE CIRCLE (Firm/Company)	
	301 John Ringlins BEERD	
	Concerning this matter, please call: Suparation City/State and Zip Code City/State and Zi	
For further information of	concerning this matter, please call:	
. BURT (Name	of Person) at (941, 388-5575 or cell 941-374-041 (Area Code & Daytime Telephone Number)	4
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appe of State is: ZUPA Real Esta	
2. This limited liability company was organized under	the laws of:
FLORIDA.	·~
3. The Florida document/registration number of this lin L0400059696 4. I, Richard L. Taylog h (Print Name of Person Resigning) of this limited liability company and affirm the limiter resignation in writing.	ereby resign as a APA MA GER
Richard Dayle	
Signature of Resigning Member, Managing Member	or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	