L04000059696

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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F. HAMPTON

OCT 14 2010

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	α
SUBJECT: ZUPA Real Estat. (Name of Limited I	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Burt ZUPA	
(Contact Person) Lupa Real Estate of (Firm/Company)	St Armands
301 John Ringling (Address)	Bird
DARASOLA FE 34.	236_
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Burt Zupa at (941, 374-0414
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	**Florida Department of State for: \$55 Filing Fee &
75	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 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 li of State is: Zo	mited liability company a	s it appears on the records of	f the Florida Department
	ity company was organize	ed under the laws of:	
L	040000596	of this limited liability compa 96. , hereby resign as a	
resignation in write	Lupser	he limited liability company	has been notified of my
Signature of Resig	ning Member, Managing	Member or Manager	<u>.</u>
Filing Fee: Certified Copy:	• • •		FILEB SECRETARY OF ST IVISION OF CORPOR/ 10 OCT 13 AM 9