# 104000093153

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| ( isassa,                               |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| ,                                       |
| Special Instructions to Filing Officer: |
| 1/31 Men Ro.                            |
| Months.                                 |
|   |
|   |
| 1 11 62162                              |
| 104-93/53                               |

Office Use Only



700045616617

**1** 4 6 4

02/04/05--01018--007 \*\*25.00

05 JEE 31 PH 1: 53

F\$\$05

Law Office of

## C.J. SODERLUND, P.A.

1500 W. Cypress Creek Road, Suite 305 Fort Lauderdale, Florida 33309

> Telephone: (954) 229-2468 Facsimile: (954) 229-2546

#### VIA U.S. MAIL

January 25, 2005

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Unit 7Z, LLC, a Florida limited liability company

Document No. L04000093153

Regarding the above-mentioned entity, please find the following enclosures, to be filed immediately:

Articles of Amendment, along with check no. 1011 in the amount of \$25.00; and Resignation of Member, along with check no. 1010 in the amount of \$25.00.

If you should have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Cynthia J. Soderlund, Esq.

Enclosures.

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Cynthia J. Soderlund                      | , hereby resign as Member                           |
|--|---|
|  | (Title)   |
| of Unit 7Z, LLC, a Florida limited liability | company   |
| (Limit                                       | ed Liability Company)                               |
| a limited liability company organized unde   | er the laws of the State of Florida                 |
| and affirm that the limited liability compar | ny has been notified in writing of the resignation. |
| Cypit  | the). Sol   |
| (Signature of pesigning m                    | anager, managing member of member)                  |

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314