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(Requ	iestor's Name)	
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(Docu	ıment Number)
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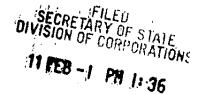
SECRETARY OF STATE
NIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: ZES Deve (Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Roduey Tiker (Contact Person)	ska
(Firm/Company)	
Le Sylvay Lan	ころだ
(Address)	
Cedar Rapids IA (City/State and Zip Code)	52403
For further information concerning this matter, p	lease call:
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
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
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: 2 + S Development Trust Luc. 2. This limited liability company was organized under the laws of:
2. This limited liability company was organized under the laws of: ———————————————————————————————————
Florida
Florida
3 The Florida document/registration number of this limited liability company is:
3. The Florida document/registration number of this limited liability company is:
1 The Florida document/registration number of this limited liability company is:
L050000 1744
4. I, Policy Tikuska, hereby resign as a Member (Print Name of Person Resigning) (Print Title)
4. I, hereby resign as a Me mber
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Colley Joseph
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)