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COVER LETTER

TO: Registration Section Division of Corporations	-		
SUBJECT:	ZONE-IT GROUP, L (Name of Limited Liability Con		
	(Mante of Eminion Discours) Con	,pm.y)	
Dear Sir or Madam:		•	
The enclosed Resignation of Member	er, Managing Member or M	anager and fee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the fo	ollowing:	
			•
KATHY FRAN	IZONE	F	
(Name of Per	son)	LLA.	
ZONE-IT GRO		N 13 KI WARE	
(Firm/Compa	ny)	mo I	
2114 N. FLAMIN	GO ROAD		్. ట
(Address)		DK .	_
PEMBROKE PINE	ES/FL/33028		
(City/State and Z			
For further information concerning	this matter, please call:		
GARY GRAY	_{at (} 954	252-9622	
(Name of Person)	(Area Cod	le & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
 ▼ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	
CR2E079 (8/05)			



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. DENISE A. FRANZONE	, hereby resign as	MEMBER	
		(Title)	
of ZONE-IT GRO	OUP, LLC		,
(Limited Liability	y Company)		
a limited liability company organized under the law	s of the State of	FLORIDA	•
and affirm that the limited liability company has be-	en notified in writing o	f the resignation.	
Alnise	a. Za	2000	77
(Signature of resigning manager, n	sanagmg memoet or m	Section 5	
		CRITE CRIO))

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