

LD5000080698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

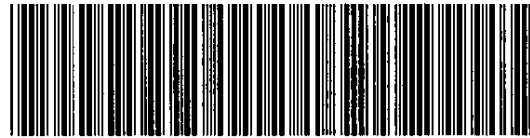
Special Instructions to Filing Officer:

L. SELLERS

AUG 12 2010

EXAMINER

Office Use Only



100183953671

08/09/10--01010--021 **25.00

FILED

10 AUG -9 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
MINERLEY FEIN, P.A.
980 North Federal Highway • Suite 412
Boca Raton, Florida 33432
telephone (561) 362-6699 • facsimile (561) 447-9884

August 4, 2010

Florida Department of State
Division of Corporations
Corporate/LLC Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: Resignations

Dear Sir/Madam:

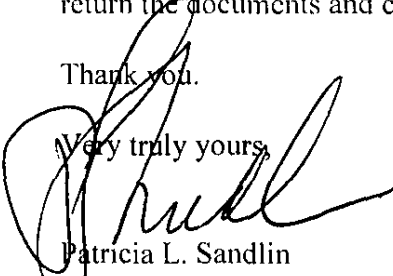
Enclosed are the following original documents:

1. Resignation by Paul Zuloaga of Rizu Holdings, LLC.;
2. Check in the amount of \$25.00 representing the filing fee;
3. Resignation by Paul Zuloaga of Option1 Restoration, Inc.;
4. Check in the amount of \$35.00 representing the filing fee;
5. Return postage-paid envelope for each filing.

Should you have questions regarding the foregoing, please advise the undersigned before you return the documents and checks without filing.

Thank you.

Very truly yours,



Patricia L. Sandlin
Real Estate Assistant
Encls.



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 appears on the records of the Florida Department of State is: Rizu Holdings, LLC.

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L05000080698

4. I, Paul Zuloaga, hereby resign as a Member
(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.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (5/06)

FILED
10 AUG -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA