# 100000013449

(Re	questor's Name)	
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	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

•	of Corporations	·			
SUBJECT:	ZEA MAYS,LL	of Limited Liability Company)	<del></del>		_
		of Emilied Lisothly Company)			
Dear Sir or Mada	am:				
The enclosed Re	signation of Member, Man	aging Member or Manager and fee(s) are submitte	d for filin	ıg.	
Please return all	correspondence concerning	g this matter to the following:			
· Mabel 1	Nartin (Name of Person)	<del></del>			
	(Firm/Company)				
6860 SW	63 ST (Address)	· · · · · · · · · · · · · · · · · · ·	Z CC	06、	
	L 33143 (City/State and Zip Code)			61 TN	
	mation concerning this ma		OF STATE	24:11HV 61 TOF 90	C
Tack Wel	tzman	at (305) 596-520Z (Area Code & Daytime Telephone Numb		-	
(	(Name of Person)	(Area Code & Daytime Telephone Numb	er)		
STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, Flor	orations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314			
Enclosed is a ch	eck for the following am	ount:			
CROROTO (8/05)	\$25 Filing Fee	☐\$55 Filing Fee & Certified Copy			

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MABEL MARTIN	hereby resign as Managing Member (fitte)	<del>-</del>
of ZEA mays, LLC (Limited Lia)	bility Company)	<b>-</b> ,
a limited liability company organized under the		· _ > >
(Signature of resigning manage	r, managing member or 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

CR2E079 (8/05)