L0700006224				
(Requestor's Name) (Address) (Address)	800110324998			
(City/State/Zip/Phone #)	10/03/0701005006 ** 25.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	DIVISION OF CORPORATIONS 07 OCT - 9 AM 11: 21			
Office Use Only				

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COVER LETTER

Registration Section TO: **Division of Corporations**

. . .

SUBJECT: Z&K Fuel and Food, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert J. Slotkin, Esq.

(Contact Person)

LAW OFFICES OF ROBERT J. SLOTKIN 600 South Andrews Ayenus Sulte 600 Fort Lauderdale, FL 33301

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J. Slotkin, Esq.	at 954 564-6999
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida Department of State for:
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P:O-Box 6327

P:O-Box 6327 Tallahassee, Florida 32314 -9 AM11:21

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

Aus.31. 2007 3:53PM

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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 of State is: Z&	limited liability company as it appears of K Fuel and Food, LLC	n the records of the Florida D	epartment
2. This limited liable Florida	lity company was organized under the la	ıwa of:	07 OCT -9
3. The Florida door	ment/registration number of this limited	ilability company is:	AH11: 21
4. I, Khairul Is	ame of Person Resigning)	y resign as a Managing	Member
~	ollity company and affirm the limited lia		-
Signature of test	gning Member, Managing Member or M	lanager	N
Filing Fee; Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		, ,::
•			· ,

CR2E079 (5/06)