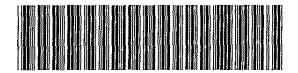
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(Re	equestor's Name)	
	ldress)	
(Au	uress	
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(Cil	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

COVERED FER	
TO: Registration Section Division of Corporations	
SUBJECT: 2000 LCC (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:	
Kolgert Cesaric (Contact Person)	07 07
Zagamo LLC	OT OCT 15 PM 1:51
417 Beach Rd. Apt #12	PH 1: 5
Sarasofm FL 34242 (City/State and Tip Code)	51 €
For further information concerning this matter, please call:	
(Name of Contact Person) at (941, 227 - 4460 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy	

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

CRZE079 (5/06)



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:	re limited liability company as it appears on the records of the Florida Department For LLC	OLYSECT OF
2. This limited liab	only company was organized under the laws or:	LIS PH 1:51
3. The Florida docu	coment/registration number of this limited liability company is:	5
4.1, ROXA	ne of Person Resigning), hereby resign as a Managing McMilliame of Person Resigning)	but
of this limited liab	bility company and affirm the limited liability company has been notified of my	
-Kn_	Soft.	
Signature of Resig	gning Member, Managing Member or Manager	
Fifing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)