## 107000/09305

1

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olly/Oldle/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Common tambo)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
JUN 1 0 2008
EXAMINER



800131038278

06/09/08--01035--008 \*\*25.00

08 JUN -9 PM 1: 28

## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Zakhary Builders, LL	C
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Peter Zakhary	
(Contact Person)	
Zakhary Builders, LLC	
(Firm/Company)	
17530 Fosgate Road	
(Address)	
Montverde, FL 34756	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Peter Zakhary a	407 470-0720
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it a khary Builders, LLC	ppears on the records	of the Florida D	epartmen	t
2. This limited liab State of F	ility company was organized un lorida	der the laws of: 			
3. The Florida docu <u>L0700010</u>	ment/registration number of thi	s limited liability con	apany is:		
4. I. Paul Zak	hary	_, hereby resign as a	Secretary & Vice-	Operating	Manager
	ame of Person Resigning)	_,,g	(Print Title	)	
of this limited lial resignation in wr	oility company and affirm the linting.	mited liability compar	ny has been notif	fied of my	
Signature of Kes	gring Member, Managing Mem	ber or Manager	<del>in</del> gen,		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			WUL 80	DIVISION

CR2E079 (5/06)

9 :1 Hd 6- NUL BA

DIVISION OF CORPORATION