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	egistration Section vision of Corporations				
SUBJEC	ZAX Properties, LLC				
		(Name of Limited Liability Company)			
The enclo	sed member, resignation or diss	sociation and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerni	ng this matter to	:		
Gary Ma	rlar				
	(Contact Person)				
ZAX Pro	perties, LLC				
	(Firm/Company)	_ "	_		
925 S Se	emoran Blvd, Ste 108				
	(Address)		_		
Winter P	ark, FL 32792-5313				
	(City/State and Zip Code)		_		
For furthe	r information concerning this m	atter, please call:			
Gary Ma	rlar	407 at (257-0509		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed p	please find a check made payabling Fee	e to the Florida I	Department of State for: g Fee & Certified Copy		
STREET	COURTED ANNUESS.		MAILING ADDINGS		

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appea	ers on the records of the Florida Department
2. The Florida doc L0700012108	tument/registration number assigned t	o this limited liability company is:
Steve Trinkl	ember/manager withdrew/resigned or ein, ho Name of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr	bility comp any and affirm the limited	liability company has been notified of my
Signature of D	ssociating Member or Resigning Mar	nager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	