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SECRETARY OF STATE

K.SALY EXAMINER AUG 18 2015

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: ZALETEL PROPERTIES LLC			
(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissociation	n and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to:		
SUE	BUCKLAND			
	(Contact Person)		•	
ZALE	ETEL PROPERTIES LLC			
	(Firm/Company)		•	
200 [	DIXIELAND DRIVE		_	
	(Address)			
FOR	T PIERCE, FL 34982			
	(City/State and Zip Code)		•	
For further information concerning this matter, please call:				
SUE	BUCKLAND	772	468-7235	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	sed please find a check made payable to the 5 Filing Fee		epartment of State for: Fee & Certified Copy	
Regist Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle nassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





## 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)

1. The name of the limited liability company as it appears on the records of the	e Florida Department
of State is: ZALETEL PROPERTIES, LLC	·
2. The Florida document/registration number assigned to this limited liability of	company is:
20800000106	
3. The date this member/manager withdrew/resigned or will withdraw/resign i	s: /////4
4. I, RONI D. ZALETEL, hereby withdraw/resign (Print Name of Person Resigning)	as a
MEMBER / OUNER. (Print Title)	
of this limited liability company and affirm the limited liability company has resignation in writing.	s been notified of my
hom D 3 aletel	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	