160000040331

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
•					
(Document Number)					
•					
Certified Copies Certificates of Status					
Special Instructions to Filips Officer					
Special Instructions to Filing Officer:					
L. SELLERS					
NOV -5. 2010					
NOV - 5 , 2010					
EXAMINER					
_/ \/\					

Office Use Only



000186738060

11/01/10--01008--028 **50.00

TRIES OF A INVESTIGATION

10 NOV -1 AM 9: 5

COVER LETTER

TO: Registration Section Division of Corporations

ZoE 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: 20E CC (Firm/Company) For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability compa		on the records o	f the Florida D	epartment
	ility company was orga	nnized under the	laws of:		
108	ument/registration num	37		•	
4. 1, ERIC (Print N	H B. NEV	UANA herel	by resign as a	MGP:	
of this limited lial resignation in wr	oility company and affi iting.	rm the limited li	ability company	has been notif	ied of my
			7		
Signature of Resi	gning Member, Manag	ing Member or N	Manager		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				
				This is	10

CR2E079 (5/06)