

108000050427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

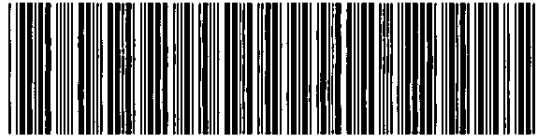
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300138028863

12/04/08--01012--012 **5000

FILED
DEC - 4 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

DEC - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z Halifax Group 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:

Robert P Zelna Jr

(Contact Person)

Z Halifax Group LLC

(Firm/Company)

4901 Sailfish Drive

(Address)

Ponce Inlet, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert P Zelna Jr

(Name of Contact Person)

at (386) 788-0071

(Area Code & Daytime Telephone Number)

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

MAILING ADDRESS:

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

FILED
09 DEC -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department of State is: Z Halifax Group LLC

2. This limited liability company was organized under the laws of:
The State of Florida

3. The Florida document/registration number of this limited liability company is:
L08000050427

4. I, Ryan M Zelna, hereby resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ryan M Zelna
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
68 DEC - 14 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA