L08000102588					
(Requestor's Name) (Address)	100156817771				
(Address) (City/State/Zip/Phone #)	06/08/0901044029 **85.00				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	99 JUN -8 PHI2 SECRETARE C ST TALLAHASSEE, FL				
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Office Use Only	Wallion				

COVER LETTER

TO: Registration Section Division of Corporations

т. с. **`**т

SUBJECT: ZAN PARTNERS, 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:

Michael Briansky

(Contact Person)

ZAN PARTNERS, LLC

(Firm/Company)

4763 Alton Road

(Address)

MIAMI BEACH, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

 Michael Briansky
 at (305)
 389-7735

 (Name of Contact Person)
 (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 &

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Certified Copy
MAILING ADDRESS:

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

CR2E079 (5/06)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

. . . .

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Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

. . . .

Michael Briansky Name of Registered Agent		_, hereby resigns as		
Registered Agent for				
	Name of Lim	ited Liability Company		,
design of the second	0102588 Imber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liability	y company at its last k	nown address.
The agency is terminate	n entity:	Signature of Resigning Agent	\mathcal{M}	FILED FILED FILED FILED FILED FILED
		Capacity		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily disso ility company	lved/

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)

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