L/0000032361

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(Cit	y/State/Zip/Phon	e #)
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZiDn Graphicz LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Evelyn Minervino (Contact Person)	TALE!
Zion Graphicz LLC (Firm/Company)	ALE ASSOCIATION OF THE PROPERTY OF THE PROPERT
18716 NW 78th Place	0th 1th H
Hialeah, FL. 33015 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Evelyn MMLVINO at (954) 2531246 (Area Code & Daytime Telephone Number)	
Epolosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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 appears on the records of the Florida Depar	tment
of State is:	Zion Graphicz LLC	·
2. The Florida doc	cument/registration number assigned to this limited liability company is:	
L100	00032361	
3. The date this me	nember/manager withdrew/resigned or will withdraw/resign is:	<u>e</u>
4. I, EVE	Nume of Person Resigning), hereby withdraw/resign as a	SE SE
Ma	Wager (Print Title)	THE TAR
of this limited lia resignation in wr	ability company and affirm the limited liability company has been notified oriting.	
9		5 हिंती
Signature of D	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Ontional)	