

L11000028053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

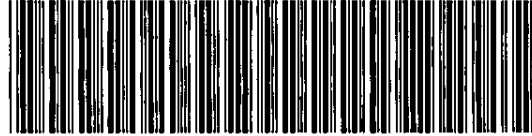
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA

Ra Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ZAMIR HOLDINGS LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L11000028053**

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Uri Segev

Name of Person

UV Property Management LLC

Name of Firm/Company

1125 NE 125th Street Suite 101

Address

North Miami, FL 33161

City/State and Zip Code

arik600@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Vestil

Name of Person

at (**786**)

Area Code

245-7545

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

SECRET
14 DEC 31 PM 3:05
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

UV Property Management LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for **Zamir Holdings LLC**

Name of Limited Liability Company

L11000028053

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Uri Segev

Typed or Printed Name

Manager

Capacity

FILED
14 DEC 31 PM 3:06
TALLAHASSEE, FL
SECRETARY OF STATE

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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