112000029521

| (Re | equestor's Name) | | | |
|---|---------------------|-------------|--|--|
| (Ac | ddress) | | | |
| (Ac | ddress) | | | |
| (Ci | ity/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Вс | usiness Entity Nan | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





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B. BOSTICK
DEC 1 3 2013

EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

| SUBJECT: ANGIER C | 2/ LL C 1 Liability Company) | | |
|---|---|--|--|
| (Name of Emale) | . Ziaomi, Company | | |
| The enclosed member, managing member or m filing. | anager resignation and fee(s) are submitted for | | |
| Please return all correspondence concerning this | s matter to: | | |
| Michael Scionti (Contact Person) | | | |
| (Contact Person) | | | |
| 2m MANAGEMENT | | | |
| 2m MANAGEMENT (Firm/Company) | | | |
| 3421 GYZAY COUNT (Address) | | | |
| (Address) | M. 23 | | |
| TAMPA F/ 33609 (City/State and Zip Code) | please call: 417-7444 | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, | please call: | | |
| Michael Scionti a (Name of Contact Person) | at (813) 417-7444 | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to t | | | |
| № \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee Florida 32314 | | |



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 | a Department |
|--|---|-------------------------------|---------------|----------------|
| of State is: | ANGLER 2 | 1 LLC | | • |
| 2. This limited liability company was organized under the laws of: Florida. | | | ALL FOR SE | 7180E 12 |
| 3 The Florida doc | ument/registration number of | `this limited liability compo | eral | er grag |
| | 1000 29 52 1 | | | <u></u> સ્ટ |
| 4.1, Russ L. Rennin Gen, hereby res | | , hereby resign as a | MGR | |
| (Print N | ame of Person Resigning) | | (Print Title) | |
| resignation in wr | bility company and affirm the iting. Igning Member, Managing M | <u> </u> | has been no | otified of my |
| Filing Fee: | \$25.00 (Required) | | | |
| Certified Copy: | \$30.00 (Optional) | | | |