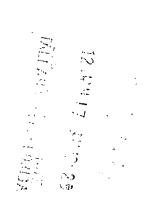
## L12000047586

Office Use Only



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12/23/13--01052--017 \*\*25.60



J. Stavers JAN 23 2013



January 8, 2014

ED CHERRY 902 CLINT MOORE RD BOCA RATON, FL 33487

SUBJECT: ZION PARTNERS IRREV TRUST L.L.C.

Ref. Number: L12000047596

We have received your document for ZION PARTNERS IRREV TRUST L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 114A00000468

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

| TO: Registration Section Division of Corporations                |  |
|--|--|
| SUBJECT: 210N PARTNERS   | IRREV TRUST, L.C.C.  |
| (Name of Limited L   | iability Company)  |
| The enclosed member, managing member or man filing.              | ager resignation and fee(s) are submitted for                      |
| Please return all correspondence concerning this i               | natter to:   |
| EO CHBRRY (Contact Person)                                       |  |
| (Contact Person)   |  |
|  |  |
|  |  |
| (Firm/Company)   |  |
| Boca Ruton Ru 3  | . PO   |
| (Address)  | - 10-  |
| Boca Newton FU 3   | 3487   |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, pl               | ease call:   |
| EO CHENNY at ( (Name of Contact Person)                          | 954 304-0603  Area Code & Daytime Telephone Number)                |
| (Name of Contact Person) (                                       | Area Code & Daytime Telephone Number):                             |
| Enclosed please find a check made payable to the \$25 Filing Fee | Florida Department of State for:  \$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  |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|                                       | limited liability company as it appears on the ION PANTNENS IRNEV    |                                 |
|---------------------------------------|--|---------------------------------|
|                                       | ument/registration number of this limited liabi                      | lity company is:                |
| 3. The date this me                   | ember withdrew or will withdraw is: April (CA A JACUCOI, hereby resi | 1/2 2013                        |
| 4.7, JESS1<br>(Print N                | A JACUCO hereby residence of Person Resigning)                       | gn as a M67RM (Print Title)     |
|                                       | bility company and affirm the limited liability                      | company has been notified of my |
| · · · · · · · · · · · · · · · · · · · |  |                                 |
| Signature of Re                       | esigning or Dissociating Manager, Member                             |                                 |
| Filing Fee:<br>Certified Copy:        | \$25.00 (Required)<br>\$30.00 (Optional)                             | 100 Cg                          |