1200050733

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
[JUL 10 2012					
L. SELLERS					

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12 JUL -5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FI ORID.

COVER LETTER

TO:	Registration Section Division of Corporations	
	•	
SUBJ	IECT: Zennavision Partners,	
	(Name of Lin	nited Liability Company)
The enfiling.		r manager resignation and fee(s) are submitted for
Please	e return all correspondence concerning	g this matter to:
Jon	Compton	
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·
NA		
	(Firm/Company)	
120	9 S.E 11th Court	
	(Address)	
Fort	Lauderdale, Florida 33316	
	(City/State and Zip Code)	
For fu	urther information concerning this ma	tter, please call:
Jon	Compton	at (954) 816-4929
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	osed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS: Pagistration Section
_	stration Section sion of Corporations	Registration Section Division of Corporations
Clifto	on Building	P.O. Box 6327
	Executive Center Circle hassee Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as nnavision Partners, Ll		f the Florida Department
2. This limited liab	pility company was organized	l under the laws of:	
3. The Florida doc L1200005	ument/registration number of	f this limited liability comp	any is:
_{4. I.} Jon Compton		, hereby resign as a N	/IGRN\
	Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm th riting.	e limited liability company	has been notified of my
Signature of Res	igning Member, Managing N	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		_
			===1

CR2E079 (5/06)

12 JUL -5 PH 1: 88
SECRETARY OF STATE