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(R	equestor's Name)			
(A	ddress)			
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PICK-UP	□ wait	MAIL		
(В	usiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
(B (D Certified Copies	usiness Entity Name ocument Number) Certificates o			

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SECKE PASSE TO PROBLEM

ngen Rosignation

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ZIVEL Systems, LLC (Name of Corporation)
DOCUMENT NUMBER: L13000003654
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samontha Shmerlis (Name of Person)
,
ZNet Systems, LLC (Name of Firm/Company) 1542 Jerusalem Ave (Address) Mecrick, NY 11566 (City/State and Zip Code)
1542 Jerusalem Ave (Address)
(Address)
Merrick, NY 11566 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Samontha Shmerks at (516) 232-7731 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2014

SAMATHA SHMERLIS ZNET SYSTEMS, LLC 1542 JERUSALEM AVE MERRICK, NY 11566

SUBJECT: ZNET SYSTEMS, LLC Ref. Number: L13000003654

We have received your document for ZNET SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached form for the resignation of the managing member.

Please return 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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 914A00024434

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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)

1. The name of the	limited liability company as	it appears on the records of the Flo	orida Depai	rtment	t
of State is:	2 Net Systems, LLC			<u> </u>	
2. The Florida doc	ument/registration number ass	signed to this limited liability com	pany is:		
<u></u>	0003654				
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: _	11.01.14		
4. I, <u>Sam</u>	Name of Person Resigning)	, hereby withdraw/resign as a			
Managin	ng Member				
of this limited lia resignation in w		e limited liability company has bee	en notified	of my ≓	ı
			E ARES	PEC -	
Signature of D	issociating Member or Resign	ning Manager	경우 동국 지구 기	S PH	-1-1-1
Filing Fee:	\$25.00 (Required)		•	င္သာ သင္သ	L