## U3e00009275

| questor's Name)                         |  |  |  |  |  |
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| dress)                                  |  |  |  |  |  |
| dress)                                  |  |  |  |  |  |
| y/State/Zip/Phone                       | e #)   |  |  |  |  |
| WAIT                                    | MAIL   |  |  |  |  |
| siness Entity Nan                       | ne)  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| _ Certificates                          | of Status  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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B. BOSTICK

MAR - 6 2013

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations                          |                 |  |  |  |  |
|---|-----------------|--|--|--|--|
| SUBJECT: Rezin Co. 1, LLC (Name of Limite)        | d Liability Cor | npany)                                 |  |  |  |
| (France of Emme                                   | a Elabinity Con | mpany)                                 |  |  |  |
| The enclosed member, managing member or m filing. | anager resig    | nation and fee(s) are submitted for    |  |  |  |
| Please return all correspondence concerning th    | is matter to:   |  |  |  |  |
| Eric M. Zivitz                                    |                 |  |  |  |  |
| (Contact Person)                                  |                 | -                                      |  |  |  |
|   |                 | _                                      |  |  |  |
| (Firm/Company)                                    |                 | Pro 1                                  |  |  |  |
| 2783 W. Orchard Cir.                              |                 | AT THE                                 |  |  |  |
| (Address)   |                 | - (88)                                 |  |  |  |
| Davie, Fl. 33328                                  |                 | ALLAHÁSSEE, FLORIDA                    |  |  |  |
| (City/State and Zip Code)                         |                 |  |  |  |  |
| For further information concerning this matter,   | please call:    | IŬ A                                   |  |  |  |
| Eric M. Zivitz                                    | 305 at (        | , 416-9998 ext. 848                    |  |  |  |
| (Name of Contact Person)                          | (Area Code      | & Daytime Telephone Number)            |  |  |  |
| Enclosed please find a check made payable to t    |                 |  |  |  |  |
| ■ \$25 Filing Fee                                 | <b>U</b> 3      | \$55 Filing Fee &<br>Certified Copy    |  |  |  |
| STREET/COURIER ADDRESS:                           |                 | MAILING ADDRESS:                       |  |  |  |
| Registration Section                              |                 | Registration Section                   |  |  |  |
| Division of Corporations Clifton Building         |                 | Division of Corporations P.O. Box 6327 |  |  |  |
| 2661 Executive Center Circle                      |                 | Tallahassee Florida 32314              |  |  |  |

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 of State is: Rez | limited liability company as it ap<br>tin Co. 1, LLC                | opears on the records  | s of the Flori | da Dep            | artme:    | n <b>t</b><br>     |
|-------------------------------------|---|--|----------------|-------------------|-----------|--------------------|
| 2. This limited liabi               | lity company was organized und                                      | ler the laws of:   |                |                   |           |                    |
| 3. The Florida docu<br>L130000092   | ment/registration number of this                                    | timited liability con  the contract of the con | npany is:      | IALLAH/           | 13 MAR -5 | i j                |
| 4. I, Eric M. Zivit                 | Z   | , hereby resign as a   | Manager        | 1881              | J.        | 7 - <del>200</del> |
|                                     | ame of Person Resigning)  | <u>.</u>   | (Prim          | Fille)            | P.        | 3 8                |
| resignation in m                    | pility company and affirm the linting.  gning Member, Managing Memb |  | ny has been i  | notified<br>DRIDA |           | y                  |
| Filing Fee:                         | \$25.00 (Required)  |  |                |                   |           |                    |

Certified Copy:

\$30.00 (Optional)