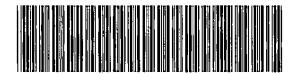
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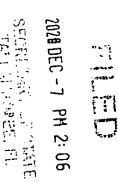
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Office Use Only



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## COVER LETTER

Limited Liability Company)
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ng this matter to:
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atter, please call:
at ( ) 943-4164 953 - 4164
(Area Code & Daytime Telephone Number)
e to the Florida Department of State for:
☐ \$55 Filing Fee & Certified Copy
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

CR2E079 (2/14)



2028 DEC -7 PM 2: 06

DIVISION OF CORPORATIONS TALE TARE FLORIDA DEPARTMENT OF STATE

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

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company a     of State is:  Amzak Investors, LLC	as it appears on the records of the Florida Department
2. The Florida document/registration number a	assigned to this limited liability company is:
3. The date this member/manager withdrew/re	signed or will withdraw/resign is:
4. I, Gerald Joseph Kazma (Print Name of Person Resigning)	
Manager	
(Print Title)	
of this limited liability company and affirm to resignation in writing.	he limited liability company has been notified of my
DocuSigned by:	
Signature of Dissociating Member or Resignature	gning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	