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DENNIS R. HABER, P.A.

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August 17, 2016

Registration Section
- Division of Corporations
P.O. Box 6327
Tallahassee, FI 32314

Re:

ZAG918 LLC

Document No: L15000051766

To Whom It May Concern;

With regards to the above referenced limited liability company, enclosed please find the following documents:

- 1) Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company signed by Jack Boyd,
- 2) Articles of Amendment reflecting the change in Manager from Jack Boyd to James Ballesteros.

Also enclosed, please find the payment in the amount of \$50.00 to cover the filing fees of these documents.

Upon receipt and review, I would appreciate you processing same. Should you have any questions or need further information, please feel free to contact our office.

Thank you for your assistance.

Sincerely,

Onna W alesandro

Anna D'Alessandro, Sec. to Dennis R. Haber, Esq.

DRH:ad

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ZAG918 LLC					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Dennis R. Haber, Esq.					
(Contact Person)					
Dennis R. Haber, PA					
(Firm/Company)					
8925 SW 148 St., #200					
(Address)					
Miami, Fl 33176					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Dennis R. Haber 305 at () 256-3002					
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{25}} \text{ Filing Fee & Certified Copy} \end{align*}\$					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

CR2E079 (2/14)



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 l	imited liability company as it	appears on the records of the	he Florida Department
of State is: ZA	8918 LLC		
2. The Florida docu	ment/registration number assi	igned to this limited liability	company is:
L 1500005		·	, 1
3. The date this men	nber/manager withdrew/resig	ned or will withdraw/resign	is: 07/01/16
4. I, - ACIC !	me of Person Resigning)	, hereby withdraw/resign	
MAN	Print Title)		
of this limited liab resignation in writ	ility company and affirm the ting.	limited liability company ha	as been notified of my
>	M		16 SE TAL
Signature of Dis	sociating Member of Resigni	ing Manager	FAE H
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH SOD 22 PH I: 44 ART OF STATE ASSEE, FLORID