## 15000177497

Office Use Only



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November 4, 2016

ANIKO KALLAI PO BOX 10107 BROOKSVILLE, FL 34603 US

SUBJECT: ZEMPLEN BARRELS QP, LLC

Ref. Number: L15000177497

We have received your document for ZEMPLEN BARRELS QP, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00023791

## **COVER LETTER**

Registration Section Division of Corporations	
	LEN BARRELS QP, LLC
(Name o	of Limited Liability Company)
aclosed member, resignation or di	ssociation and fee(s) are submitted for filing.
return all correspondence concern	ning this matter to:
iko Kallai	
(Contact Person)	
nplen Barrels QP, LLC	<del> </del>
(Firm/Company)	
23 Pomp Pkwy	
(Address)	
eki Wachee, FL 34614	
(City/State and Zip Code)	
rther information concerning this	matter, please call:
iko Kallai	at (727)480-0914
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
sed please find a check made paya Filing Fee - Already Paid	able to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	ECT: ZEMP (Name of Corporations)  ECT: ZEMP (Name of Colosed member, resignation or dispersion and in the content of the colosed member, resignation or dispersion of Contact Person)  EXAMPLE: (Contact Person)  EXAMPLE: (Contact Person)  EXAMPLE: (City/State and Zip Code)  There information concerning this city (Name of Contact Person)  EXAMPLE: (City/State and Paid)  EXAMPLE: (City/State and Paid)  EXAMPLE: (City/State and Paid)  EXAMPLE: (Course Additional Person)  EXAMPLE: (City/State and Paid)  EXAMPLE

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	limited liability company	as it app	ears on the re	cords of the F	Florida D	)epartr	nent
of State is: Z	EMPLEN BARRELS Q	P, LLC					<u></u> .
2. The Florida docu	iment/registration number	r assigne	d to this limite	ed liability co	mpany i	s: 📆	
L1500017749	7					NO.	
3. The date this me	mber/manager withdrew/i	resigned	or will withdr	aw/resign is:	1.15	₹01 (101)	Pre-ser
4. I, Sandor (Print N	Kallai ame of Person Resigning)	,	hereby withd	raw/resign as	SIA FLORUD	<b>器公16</b>	Sustained &
Preside	nt (Print Title)	<u>.</u>			25		
of this limited lia resignation in wr	bility company and affirm iting.	n the limi	ted liability co	ompany has b	een notii	fied of	my
là	sau-						
Signature of Di	ssociating Member or Re	signing N	Manager	-			
Filing Fee: Certified Copy:	\$25.00 (Required) Al \$30.00 (Optional)	lready P	aid				