

L15000177497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

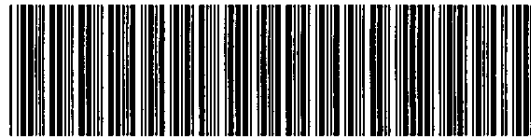
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

17 MAR -8 PM 3:04

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MAR 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2017

KRIZTINA KALLAI
PO BOX 10107
BROOKSVILLE, FL 34603

SUBJECT: ZBQP, LLC
Ref. Number: L15000177497

We have received your document for ZBQP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate the date the member/manager resigned from the company in soace provided on application.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 217A00003626

2017 MAR -8 AM 11:53

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZBQP, 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:

KRISZTINA KALLAI

(Contact Person)

ZBQP, LLC

(Firm/Company)

PO BOX 10107

(Address)

BROOKSVILLE, FL 34603

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISZTINA KALLAI

(Name of Contact Person)

at (727) 612-8828
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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 Florida Department of State is: ZBQP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000177497

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/29/17

4. I, ANIKO KALLAI, hereby withdraw/resign as a
(Print Name of Person Resigning)

VP OF SALES

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Aniko Kallai

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
7 MAR -8 PM 3:04