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From:  
Account Name : ARISTA LAW & TAX  
Account Number : I20040000182  
Phone : (305)444-7662  
Fax Number : (305)444-7275

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ZYGmunt.bicet@anawlaw.com

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**LLC REGISTERED AGENT RESIGNATION  
ZP INVERESCO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Arista Law & Tax

, hereby resigns as

Name of Registered Agent

Registered Agent for ZP INVERESCO, LLC

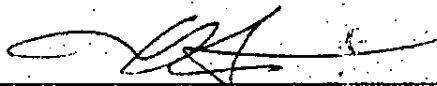
Name of Limited Liability Company

L15000194283

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Eduardo R. Arista

Typed or Printed Name

President

Capacity

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SECRETARY OF STATE

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314