## L16000049366

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D SCOTT
JUN 1 1 2019

## COVER LETTER

Division of Corporations	
SUBJECT: Z Carrarg Group (Name of Lim	UC ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Torge Carrera (Contact Person)	
Z Chroa Good LLC (Firm/Company)	
12624 NW 32nd Place (Address)	
Suncise, FL, 33323 (City/State and Zip Code)	<u>-</u>
For further information concerning this matter	er, please call:
Joge Callera (Name of Contact Person)	at ( 305 ) 764-/136 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	o the Florida Department of State for:  \$\square\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)			
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			Ξ
1. The name of the	limited liability company as it appears on the records of the	e Florida Departm	eni(>
of State is:	Carros Grovella	· <u>-</u> ·	د: <b>–</b> د:–
2. The Florida doc	ument/registration number assigned to this limited liability	company is:	ు
L160000 44	366		
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign	is: <u>5/1/19</u>	_
4.1, <u>Catholine</u> (Print)	Name of Person Resigning), hereby withdraw/resign	25 a	
MBR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liability company ha iting.	s been notified of	my
- last			
Signature of D	issociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (2/14)