# 1/6000101302

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
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#### **COVER LETTER**

~	stration Section sion of Corporations			
SUBJECT:	Zinnia Investments, LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissocia-	tion and fee(s	) are submitted for filing.	
Please return	all correspondence concerning th	nis matter to:		
Paula Giral	do			
	(Contact Person)		-	
-	(Firm/Company)		-	
1119 SE 5t	h Avenue		_	
	(Address)			
Cape Cora	, Florida 33990			
<del></del>	(City/State and Zip Code)		-	
For further in	nformation concerning this matter	, please call:		
Paula Giral		239 at (	699-1834	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plo  ■ \$25 Filing	rase find a check made payable to g Fee		repartment of State for: Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



#### FILED

2018 NOV -8 PM 1: 19

SECRETARY OF STATE TALLAHASSEE, FL

### 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)

	limited liability company as i	t appears on the records of the Florida Department
2. The Florida doc L1600010130	•	igned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	med or will withdraw/resign is: October 4, 2018
Luis G. Berm	nudez	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	• • •	limited liability company has been notified of my
Signature of D	issociating Member or Resign	ng Manager
<del>-</del>	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	