L16000228996

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER LETTER . . .

_	stration Section sion of Corporations		
151413	non or Corporations		
SUBJECT:	ZEZURA, LLC		
	(Name of Lir	nited Liability Co	mpany)
The enclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
ZEZURA R	UDDELL		
	(Contact Person)		_
ZEZURA, L	.LC		
	(Firm/Company)		_
27653 MUL	HOLLAND CT		
	(Address)	,	_
WESLEY C	CHAPEL, FL 33544		
	(City/State and Zip Code)		<u></u>
For further in	nformation concerning this mat	ter, please call:	
ZEZURA R	UDDELL .	813 at (397-9701
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 i	it appears on the records of the Flor	rida Depa	rtmen	ıt
of State is: ZEZ	URA, LLC	<u> </u>			•
2. The Florida doc	ument/registration number ass	signed to this limited liability comp	any is:		
L1600022899	6	<u>-</u> -			
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	2/17/18		
4. I, PATRICK RUDDELL (Print Name of Person Resigning)		, hereby withdraw/resign as a	_, hereby withdraw/resign as a		
MANAGER	ane of Ferson Resigning)				
	(Print Title)				
of this limited lia resignation in wr		limited liability company has been	notified	of my	/
	LI DUM		ĨΑL.	19	
Signature of Di	ssociating Member or Resign	ing Manager	AHASSEE, FLOR	HAR 20	T T
Filing Fee:	\$25.00 (Required)			X	j
Certified Copy:	\$30.00 (Optional)		088D/	6: 17	