L170000000392

| (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: |
| |
| |
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| |

Office Use Only



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DIVISION OF CORPORATIONS

18 JAN - 8 PM 1: 27

K. SALY JAN - 9 2018

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Zaza Bout que (Name of Limited Liability Com | pany) |
| The enclosed member, resignation or dissociation and fee(s) | are submitted for filing. |
| Please return all correspondence concerning this matter to: | |
| Argela Miller (Contact Person) | |
| ZaZa Batique (Firm/Company) | |
| 2450 Dave Song Trace Dr. (Address) Ruskin Ft 3357 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Name of Contact Person) at (352 (Area Code of | 817-4702 & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$55 Filing | epartment of State for: Fee & Certified Copy |
| Registration Section Division of Corporations Clifton Building | 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 li | mited liability company as it appears on the records of the Florida Department |
|-----------------------|--|
| of State is: | aza Boutique |
| 2. The Florida docum | nent/registration number assigned to this limited liability company is: |
| 11700 | CCCC312 |
| | ber/manager withdrew/resigned or will withdraw/resign is: 119/17 |
| 4. I, Zahira | Mercado, hereby withdraw/resign as a |
| (Print Nar | ne of Person Resigning) |
| Mana | gev rint Title) |
| (Å | Fint Title) |
| of this limited liabi | lity company and affirm the limited liability company has been notified of my |
| resignation in writi | ing. |
| 201 | That |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |