L17000 07a 714

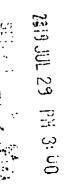
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	_	stration Section sion of Corporations				
	DIVIS	sion of Corporations				
SUBJI	IECT:	ZH GROUP, LLC				
~~~		(Name of Limited Liability Company)				
The e	nclose	d member, resignation or dissocia	ation and fee(s	) are submitted for filing.		
Pleaso	e returr	n all correspondence concerning	this matter to:			
ZVI F	ROSEI	NTHAL				
		(Contact Person)		-		
ZH G	ROUF	P, LLC		•		
		(Firn/Company)		-		
7507	KING	SPOINTE PARKWAY, SUITE	106A			
		(Address)	-	-		
ORLA	ANDO	), FL 32819				
	•	(City/State and Zip Code)		-		
For fu	irther ii	nformation concerning this matte	r, please call:			
ZVI F	ROSE	NTHAL	321	352 0140		
	(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed plo 5 Filing	ease find a check made payable to g Fee		epartment of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
-		Section Corporations		Registration Section Division of Corporations		
Clifto	n Buile	ding		P.O. Box 6327		
		tive Center Circle Florida 32301		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 it appears on the records of the Florida Departme	nt
of State is:	
2. The Florida document/registration number assigned to this limited liability company is:  L17000072714	***
L17000072714	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  ANA CAROLINA FRANCO  4. I, hereby withdraw/resign as a	,
	5
(Print Name of Person Resigning)	
MANAGING MEMBER	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified of m resignation in writing.	у
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)	