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TO:

CR2E079 (2/14)

Registration Section
Division of Corporations

88 ZEST, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Alan J. Paoli, Esquire (Contact Person) The Law Office of August C. Paoli, P.A. (Firm/Company) 1720 Harrison Street, Suite 6CW (Address) Hollywood, FL 33020 (City/State and Zip Code) For further information concerning this matter, please call: Alan J. Paoli, Esquire 954 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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)

1. The name of the l of State is: 88 ZE		it appears on the records of the Florida Dep	
	nent/registration number ass	signed to this limited liability company is:	2018 HAR 15
3. The date this men	nber/manager withdrew/resig	gned or will withdraw/resign is:	<u>5</u>
4. L		, hereby withdraw/resign as a	PH 3: 58
(Print Na	me of Person Resigning)	, noted y white and the	ین
MANAGER			Ç.
(F	Print Title)		
of this limited liabi		limited liability company has been notified	d of my
Signature of Diss	sociating Member or Resign	ing Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		