

L17000240492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

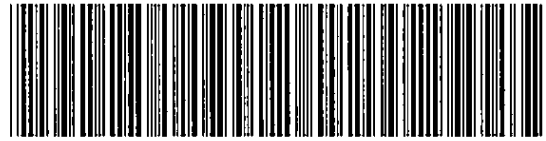
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100322843401

01/15/19--01005--029 \*\*25.00

2019 JAN 15 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 23 2019  
C. McNAIR

**COVER LETTER**

2018 JAN 15 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZORANA, LLC  
\_\_\_\_\_  
(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:

Ross P. Beckerman  
\_\_\_\_\_  
(Contact Person)

Tim A. Shane, PA  
\_\_\_\_\_  
(Firm/Company)

5301 N. Federal Highway, Suite 130  
\_\_\_\_\_  
(Address)

Boca Raton, FL 33487  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ross P. Beckerman at ( 561 ) 886-5580  
\_\_\_\_\_  
(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:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2018 JAN 15 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 Department of State is: ZORANA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000240492

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 9, 2018

4. I, Bojan Tegovski, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)