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JAN 23 2013 CINCNAIR

COVER LETTER

COVE	R LETTER		The Law
TO: Registration Section Division of Corporations		,	TOTAL SON LE CONTROL DE LA CON
SUBJECT: ZORANA, LLC			- 1000
(Name of Lir	mited Liability Co	mpany)	•
The enclosed member, resignation or dissoc	ciation 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 mat	ter, please call	:	
Ross P. Beckerman	561 at (886-5580	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Numbe	er)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

	he limited liability company a	as it appears on the records of the Florida Department
	ocument/registration number	assigned to this limited liability company is:
3. The date this r		esigned or will withdraw/resign is:
Zoran Zele	enikovski	, hereby withdraw/resign as a
(Prin Manager	t Name of Person Resigning)	
·	(Print Title)	
of this limited l resignation in v		the limited liability company has been notified of my
Signature of	Dissociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy: \$30.00 (Optional)