

L18000055 730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

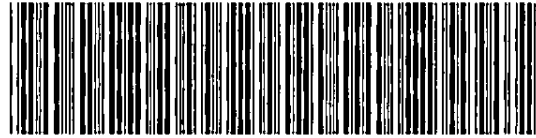
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DIVISION OF CORPORATIONS
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Sign In

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZING WIRELESS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are **88**

Please return all correspondence concerning this matter to:

ADRIANA SOLAR

(Contact Person)

ZING WIRELESS, LLC

(Firm/Company)

9601 WORSWICK CT

(Address)

WELLINGTON, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

LILIANA GEDROYE

(Name of Contact Person)

at (561) 452-0

(Area Code & Dayt

Enclosed please find a check made payable to the Florida Department of
☒ \$25 Filing Fee ☐ \$55 Filing Fee &

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Sign In

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER
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 State is: ZING WIRELESS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000055730

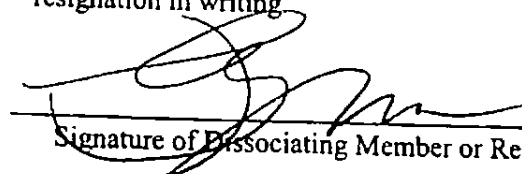
3. The date this member/manager withdrew/resigned or will withdraw is: _____

4. I, LILIANA GEDROYE, hereby withdraw/resign as a member/manager of this limited liability company.
(Print Name of Person Resigning)

AP

(Print Title)

I, the undersigned, am a member/manager of this limited liability company and affirm the limited liability company's resignation in writing.


Signature of Dissociating Member or Resigning Manager

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