L20000221715

(Requestor's Name)				
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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Amzak Windsor Forest, LLC			
oce, et al.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:	:	
Debra Miller				
	(Contact Person)		_	
Amzak Windso	or Forest			
	(Firm/Company)		_	
980 N. Federal	Highway, Suite 315			
-	(Address)	•	_	
Boca Raton, Fl	. 33432			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please call:		
Debra Miller		561 at (953-4164	
(N:	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed plea	ase find a check made payab	le to the Florida I	Department of State for:	
■ \$25 Filing			g Fee & Certified Copy	
	g Address:		Street Address:	
	stration Section ion of Corporations		Registration Section	
	Box 6327		Division of Corporations The Centre of Tallahassee	
	hassee. FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, Fl. 32303	



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 Florid	la Department
of State is:	ak Windsor Forest, LLC		
2. The Florida doc L.20000221715	ument/registration number ass	signed to this limited liability compan	ıy is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	d Kazma
4. I, Gerald Kazma (Print N	'ame of Person Resigning)	, hereby withdraw/resign as a	2021 111.23
Manager			9.5
	(Print Title)		4
of this limited lia resignation in wr		limited liability company has been n	otified of my
DocuSigned by:			37
Signature of D	ssociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		