K20000343424

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special hostilate to Filian Officery
Special Instructions to Filing Officer:

Office Use Only



500378797855

01/04/22--01029--002 **25.00



COVER LETTER

Registration Section Division of Corporations

CR2E079 (2/14)

TO:

SUBJECT: (Name of Limited Liability Con	<u>LL</u> C
- (Name of Zimited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Gerald Ellen Burg (Contact Person)	-
ERC Zephyr H.11/s	200
2738 Stalkert	Durgho
(City/State and Zip Code) 335	78
For further information concerning this matter, please call:	
(Name of Contact Person) at (813) (Area Code	& Daytime Telephone Number)
Factored please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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 com	oany as it app	pears on the reco	ords of the Flo	rida Departr	nent
of State is:	ERC	Zeply	V H-11	13 6		·
2. The Florida doce	ument/registration nu	nber assigne	d to this limited	liability comp	any is:	
	00243	424	•		100	77 20-7
3. The date this me	ember/manager withd	ew/resigned	or will withdray	w/resign is:	10.0.	1:0021
4. I. K.	J Loe J. 8	,	hereby withdra			
M	(Print Vitle)	·				
of this limited lia resignation in wr	bility company and at iting.	Tirm the limi	ted liability con	npany has beer	n notified of	`my
M	Thon				207	
Signature of Di	ssociating Member o	Recigning N	Manager		2 JAN	
Filing Fee:	\$25.00 (Required)			- "	• •
Certified Copy:	•				7.34	-
					7.5	