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| (Requestor's Name)   |   |  |  |  |  |  |
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| (Address)  | _ |  |  |  |  |  |
|  |   |  |  |  |  |  |
| (City/State/Zip/Phone #)   | _ |  |  |  |  |  |
| PICK-UP WAIT MAIL  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| (Business Entity Name)   |   |  |  |  |  |  |
| ,  |   |  |  |  |  |  |
| (Document Number)  | _ |  |  |  |  |  |
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| Certified Copies Certificates of Status  |   |  |  |  |  |  |
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| Special Instructions to Filing Officer:  | ١ |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| _             | sistration Section ision of Corporations  |                      |   |
|---------------|---|----------------------|---|
| Div           | ision of Corporations                     |                      |   |
| SUBJECT       | ZENITH ASSISTANCE LLC                     |                      |   |
|               |   | mited Liability Comp | pany)   |
| The enclose   | ed member, resignation or disso           | ciation and fee(s)   | are submitted for filing.                     |
| Please retur  | rn all correspondence concernin           | g this matter to:    |   |
| NIDA NAZII    | R   |                      |   |
|               | (Contact Person)                          |                      |   |
|               |   |                      |   |
|               | (Firm/Company)                            |                      |   |
| 7901 4TH ST   | FREET N, STE 300                          |                      |   |
| _             | (Address)                                 |                      |   |
| ST. PETERS    | BURG, FL 33702                            |                      |   |
|               | (City/State and Zip Code)                 | - 111 - 4            |   |
| For further   | information concerning this ma            | itter, please call:  |   |
| NIDA NAZII    | R   | 574<br>at (          | 202-6969                                      |
|               | Name of Contact Person)                   | _ \                  | & Daytime Telephone Number)                   |
| Enclosed p    | lease find a check made payable           | e to the Florida Do  | epartment of State for:                       |
| 🖹 \$25 Fili   | ng Fee                                    | ☐ \$55 Filing        | Fee & Certified Copy                          |
|               |   |                      |   |
|               | ling Address:                             |                      | Street Address:                               |
| _             | gistration Section rision of Corporations |                      | Registration Section Division of Corporations |
|               | Box 6327                                  |                      | The Centre of Tallahassee                     |
|               | lahassee, FL 32314                        |                      | 2415 N. Monroe Street, Suite 810              |
| - <del></del> | ,   |                      | Tallahassee, FL 32303                         |

CR2E079 (2/14)



## 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)

|   |  | appears on the records of the Florida Dep | artment |
|---|--|---|---------|
|   | H ASSISTANCE LLC                         |   | ·       |
| 2. The Florida documents                    | ment/registration number assig           | ned to this limited liability company is: | •       |
| 3. The date this men                        | mber/manager withdrew/resign             | ed or will withdraw/resign is:            | - 1     |
|   | MAD ALI me of Person Resigning)          | _, hereby withdraw/resign as a            | 2:20    |
| MEMBER (I                                   | Print Title)                             |   |         |
| of this limited liab<br>resignation in writ |  | mited liability company has been notifie  | d of my |
|   | . Must                                   |   |         |
| Signature of Dis                            | sociating Member or Resignin             | g Manager                                 |         |
| ~   | \$25.00 (Required)<br>\$30.00 (Optional) |   |         |