

L99000008865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L99-8865
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y-Z ENTERPRISES, LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of ~~Member, Managing Member or Manager~~ ^{RA} and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRANKO ZUNJIC
(Name of Person)

C/O SOUTHPPOINT SPORTSWEAR LLC
(Firm/Company)

11245 NW 131 ST
(Address)

MEDLEY, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

BRANKO ZUNJIC at (305) 885-3045 X 207
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

X2 = \$50.00

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GALE S CRAWFORD, hereby resigns as
(Name of Registered Agent)

Registered Agent for Y-Z ENTERPRISES, L.L.C.

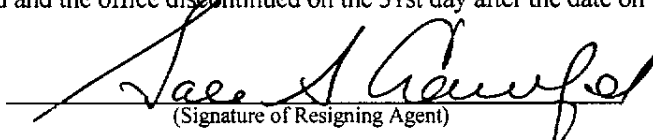
(Name of Limited Liability Company)

L99000008865

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

RECEIVED
SECRETARY OF STATE
JUL 14 11:21 AM '14

FILING FEES:

| | |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314