

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
ZAREMBA CONTRACTORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
15 NOV 13 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 NOV 13 PM 12:16
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZAREMBA CONTRACTORS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M00000001750

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI
Name of Person

C T CORPORATION SYSTEM
Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR
Address

NEW YORK, NY 10011
City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA ALFIERI at (212) 894-8516
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CT CORPORATION SYSTEM, hereby resigns as
Name of Registered Agent

Registered Agent for ZAREMBA CONTRACTORS, LLC

Name of Limited Liability Company

M00000001750

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.

By: CT Corporation System
[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

CT Corporation System - Theresa Alfieri
Typed or Printed Name
Assistant Secretary
Capacity

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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