



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZAREMBA MULTIFAMILY, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M10000000630

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:

Helen Mac-Tran

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 8th Avenue, 13th Floor

Address

New York, New York 10011

City/State and Zip Code

Helen.Mac-Tran@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mac-Tran

Name of Person

at ( 212 )

Area Code

590-9118

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**C T CORPORATION SYSTEM**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **ZAREMBA MULTIFAMILY, LLC**

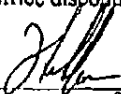
\_\_\_\_\_  
Name of Limited Liability Company

**M10000000630**

\_\_\_\_\_  
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:

**C T Corporation System - Helen Mac-Tran**

\_\_\_\_\_  
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

15 AUG 24 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA