

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000210706 3)))



H160002107063ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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. \*\*

Cmail	Address:	

## LLC REGISTERED AGENT RESIGNATION ZAREMBA MULTIFAMILY, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## **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 212 590-9118
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115, Florida State  CT CORPORATION SYSTEM	,
Name of Registered Agent	, hereby resigns as
Registered Agent for ZAREMBA MULTIFAMILY, LL	C
Name of Limited Liability Co	mpany
M1000000630	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
Signature of Real Signature of	signing Agent
C T Corporation System - H	elen Mac-Tran
Typed or Printed N	ame Critical
Assistant Secretar	<u>y                                      </u>
Capacity	124 125 137 137 137 137 137 137 137 137 137 137
FILING PEES: \$ 85.00 Active limit \$ 25.00 Administrat withdrawn i	ed liability company ively dissolved/

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