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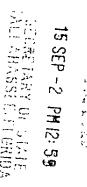
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT:  Name of Limited Lia	hility Company
	billy Company
DOCUMENT NUMBER: M12000002609	
The enclosed Resignation of Registered Agent for a Liftor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Marc D. Wigder, Esq.	
Name of Person	<del></del>
Marc D. Wigder, PA	
Name of Firm/Company	<del></del>
5301 N. Federal Highway, Suite 220	
Address	<del></del>
Boca Raton FL 33486	
City/State and Zip Code	<del></del>
mdwlongspur@yahoo.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please of	eall:
Marc Wigder 561	<sub>\</sub> 674-0001
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Depar liability company or \$25.00 for an administratively distributive company.	tment of State for \$85.00 for an active limited solved, voluntarily dissolved or withdrawn limited
·	TREET ADDRESS: egistration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the unde	ersigned,	
Marc D. Wigder, PA		_ , hereby resigns as		
	Name of Registered Ag	ent	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for _	ZE Boca, LLC			- · · · · · · · · · · · · · · · · · · ·
	Name of Li	mited Liability Company		
M12000002609				
Document N	lumber, if known			
-		above listed limited liability	• •	algo ⊶
	'//	<		### ### ### ### ### ##################
		Signature of Resigning Agent		OS P IT
If signing on behalf of an entity:			~ C. N → ~~	
	Marc D. Wigde	r, Esq.		GRIDA SE
		Typed or Printed Name		<i>7</i> *
	Officer			
		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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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