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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

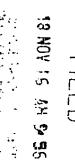
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S/P-Regn

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Z Bestat all, Inc. (Name of Corporation) DOCUMENT NUMBER: P15 00000 1360
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Demetri Skopos (Name of Person)
Z Best et All Inc (Name of Firm/Company)
128 Celebration Blud (Address)
(clubation F (34747) (City/State and Zip Code)
For further information concerning this matter, please call:
Demetr: Skofos at (407) 508-0781 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Joshu	a Metzg	AY.	, hereby re	esign as_	0ffc	(Title)		
of 2 Be	st at All	(Name of Corp	ooration)		1 - 1 - 1			_ •
	Number, if known)		orporation orga	nized und	ler the laws	of the State (of	
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	Joh	MY L (Signatur	re of resigning of	lice/direct	or)		9 AON 8	FIL
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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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