## F1100000 1685

(R	equestor's Name)	<del> </del>
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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R. WHITE

## COVER LETTER `

TO: Amendment Section Division of Corporations
SUBJECT: ZANZI ASSET MANAGEMENT INC
(Name of Corporation)
DOCUMENT NUMBER: F11000001685
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARTIN ROTHBARD
(Name of Person)
ROTHBARD & COMPANY LLC
(Firm/Company)
8211 WEST BROWARD BLVD. STE 440
(Address)
PLANTATION, FL 33324
(City/State and Zip code)
For further information concerning this matter, please call:
MARTIN ROTHBARD (954) 321-9991
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL.32314Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ZANZI ASSET MANAGEMENT INC

(Name of Corporation)	
F11000001685	
(Document Number of Corporation (i	if known)
DELAWARE	
(Incorporated Under Laws o	h)
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in	s based on a cause of action agising during
The following is a current mailing address for the corporation:	
4350 OAKES ROAD BLDG. A	#506 <del>2 3</del> 99
(Mailing Address)	Tr: " <b>0</b> 1"
DAVIE, FL 33314	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of Significant of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	are of any change in its mailing address.  4///9 (Date)
FABIO CRAGNOTTI (Typed or printed name of person signing)	VICE PRESIDENT (Title of person signing)

FILING FEE \$35