108000096998

(Ke	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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2011 JAN -3 PM 4: 52

J. SAULSBERRY EXAMINER

JAN 6 2011

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	ZEN US AG	RO LOG	STICS	LLC			
DOCUMENT NUMBER:_	Name of Limited Liability Company ENT NUMBER: L08000096998						
The enclosed Resignation of for filing.	Registered Agen	t for a Limi	ted Liabi	lity Company an	d fee are	subm	itted
Please return all corresponde	ence concerning the	his matter t	the follo	owing:			
MARCE Name	L BASSO of Person		n d'a tunin q				
						201	
Name of F	irm/Company					2011 JAN -3	Same I amend
PO B	OX 955				ر المراجع المر المراجع المراجع	ယ်	S.
Ac	dress		_		CE FINITE	PH 4: 52	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LABELLE	E, FL 33975				The second		to a series
City/State	and Zip Code				in the second	55	
E-mail address: (to be used	or future annual repo	ort notification	n)				
For further information conc	erning this matter	r, please cal	l:				
MARCEL BAS Name of Person		at (<u>863</u> Area Co) ode & Day	675-0802 time Telephone N	lumber	,	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509), Florida Statutes, the un	idersigned,
MAR	CEL BASSO	, hereby r	esigns as
Name of Registered Agent			Ü
Registered Agent for	ZEN US AC	SRO LOGISTICS LL	С
,,,	Name of Limited Liability C	ompany	•
L080000969	98		
Document Number, if	known		
A copy of this resignation was	mailed to the above listed li	mited liability company	at its last known address.
The agency is terminated and the	e office discontinued on the	e 31st day after the date of	on which this statement is filed.
	Marcel Basignature of R	COSO Lesigning Agent	2011 J
If signing on behalf of an entity	:		2011 JAN -3
	Typed or Printed	Name	
	Capacity		- 5 S

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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