

L09000052260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

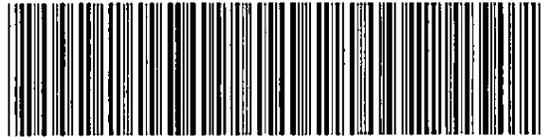
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/20/23--01013--010 **25.00

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Ra Resignation

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZORRO, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000052260

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:

DAIRIS ESTRADA
Name of Person

PIEDDRA & COMPANY CPA PA
Name of Firm/Company

8950 SW 74 CT STE 1606
Address

MIAMI, FLORIDA 33156
City/State and Zip Code

DAIRIS@VARGASPIEDRA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAIRIS ESTRADA at (305) 671-0003
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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FILED

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PIEDRA & COMPANY CPA PA _____, hereby resigns as

Name of Registered Agent

Registered Agent for ZORRO, LLC _____

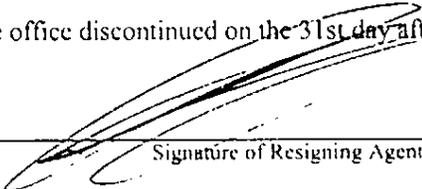
Name of Limited Liability Company

1.09000052260 _____

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

AURELIO A. PIEDRA _____

Typed or Printed Name

REGISTERED AGENT _____

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

2023 APR 20 AM 11:32

FILED