L12000119889

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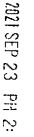
Office Use Only



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SECREDIBY OF SITE



COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------------|--|--------------|---|
| SUBJ | IECT: | | |
| | Name of Limit | ed Liability | Company |
| DOC | UMENT NUMBER: L12000119889 | | |
| The e | nclosed Resignation of Registered Agent foing. | r a Limited | Liability Company and fee are submitted |
| Pleas | e return all correspondence concerning this | matter to th | ne following: |
| BETT | Y A ZUFELT | | |
| | Name of Person | | |
| TON | ZUFELT'S BOOKS LLC | | |
| | Name of Firm/Company | | |
| 205 A | RBOR PARK LANE | | |
| | Address | | |
| LAKE | MARY, FL 32746 | | |
| | City/State and Zip Code | | |
| tonizu | felt@aol.com | | |
| - | -mail address: (to be used for future annual report no | otification) | |
| For fu | orther information concerning this matter, pl | lease call: | |
| BEIT | at (| 407 | 682-2664 |
| | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115. Florida Statutes, the | undersigned, |
|---|--|
| SUZANNE D MEEHLE | , hereby resigns as |
| Name of Registered Agent | Hereby resigns as |
| Registered Agent for TONI ZUFELT'S BOOKS LLC | |
| | |
| Name of Limited Liability Company | |
| ££2000119889 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed limited liab | bility company at its last known address. |
| The agency is terminated and the office discontinued on the 31st day | y after the date on which this statement is filed. |
| If signing on behalf of an entity: | 2021 SEP 23 SECRETARY TALL SHA |
| Typed or Printed Name | —————————————————————————————————————— |
| Capacity | |
| FILING FEES: \$85.00 Active limited habili \$ 25.00 Administratively dis withdrawn limited li | lity company ssolved/ liability company |

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

INHS17 (2/14)