

L 12000 124246

(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:

Office Use Only



200273298932

05/26/15--01046--004 **85.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 26 PM 4:05

JUN - 1 2015

T CANNON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zuleta Enterprises, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 12000124246

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:

JULIO ZULETA
Name of Person

ZULETA ENTERPRISES, LLC
Name of Firm/Company

16381 SHENANDOAH CIRCLE
Address

FT MYERS FL 33908
City/State and Zip Code

ZULY15EEN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO ZULETA at (239) 281-7556
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Stacey Zuleta, hereby resigns as
Name of Registered Agent

Registered Agent for Zuleta Enterprises, LLC

Name of Limited Liability Company

L12 000124246
Document Number, if known

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAY 26 PM 4:05

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]
Signature of Resigning Agent

If signing on behalf of an entity:

Stacey Zuleta
Typed or Printed Name
Managing Member
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withdrawn limited liability company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