

LI 3000145165

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 16 2014

R. WHITE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USA TLZ LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000145165

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:

W. P. McLANE  
Name of Person

Florida Massage Broker  
Name of Firm/Company

7027 W. BROWARD BLVD, Box 308  
Address

PLANTATION, FL 33317  
City/State and Zip Code

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

For further information concerning this matter, please call:

WOODY McLANE at (954) 806-6211  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

LIMING ZOU

Name of Registered Agent

, hereby resigns as

Registered Agent for

USA TLZ LLC

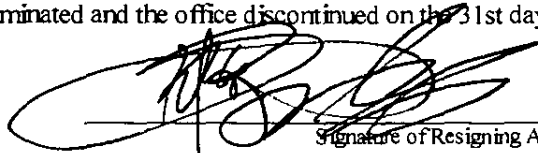
Name of Limited Liability Company

L13000145165

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:

LIMING ZOU

Typed or Printed Name

Capacity

FILED  
14 APR 9 AM 10:27  
TALLAHASSEE, FLORIDA

**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