## L14000145919

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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12/10/20--01018--025 \*\*25.00



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## **COVER LETTER**

TO: Registration Section Division of Corporations

ZT Motors of Fort Walton Four, LLC

SUBJECT:

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Claire Thompson

(Contact Person)

ZT Motors

(Firm/Company)

777 Beal Pkwy,

(Address)

Fort Walton Beach, FL 32547

(City/State and Zip Code)

For further information concerning this matter, please call:

 Aaron Patterson
 at (\_\_\_\_\_)

 (Name of Contact Person)
 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: **S**25 Filing Fee Certified Copy

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

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## **DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

- 1. The name of the limited liability company as it appears on the records of the Florida Department ZT Motors of Fort Walton Four, LLC of State is: \_\_\_\_
- 2. The Florida document/registration number assigned to this limited liability company is: 1,14000145919
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_
- Sid Hussain 4. I. <u>...</u>

. hereby withdraw/resign as a *(Print Name of Person Resigning)* 

CFO

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissocrating Member or Resigning Manager

Filing Fee:

\$25.00 (Required) Certified Copy: \$30.00 (Optional)

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