

L14000185618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

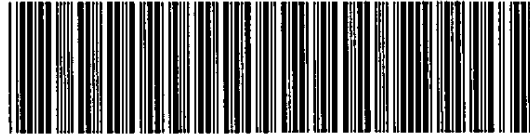
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 28 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUL 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOO LAKE WORTH LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000185618

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:

FRANK SMITH

Name of Person

FMS LAWYER PL

Name of Firm/Company

9900 STIRLING ROAD, SUITE 226

Address

COOPER CITY, FLORIDA 33024

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK SMITH

Name of Person

at (954) 414-4625
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

FMS LAWYER PL

, hereby resigns as

Name of Registered Agent

Registered Agent for **ZOO LAKE WORTH LLC**

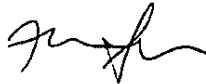
Name of Limited Liability Company

L14000185618

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:

FRANK SMITH

Typed or Printed Name

MANAGER

Capacity

2018 JUL 28 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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