032016

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MPR 27 2019 J. HARRIS

COVER LETTER

SUBJECT:	ZTAK LAB LLC
DODBECT	Name of Limited Liability Company
DOCUMENT NUMBER:	L16000032016
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence	e concerning this matter to the following:
MITCHELL KA	ATZ CPA
Name of 1	Person
FREUND KATZ GOLDSTO	N & YOUNG CO P.A.
Name of Firm	/Company
210 N UNIVERSITY DRIVE	E STE 302
Addre	SS
CORAL SPRINGS	FL 33071
City/State and	Zip Code
MKATZ@TAX-DO	OCTOR.NET
E-mail address: (to be used for f	uture annual report notification)
For further information concern	ing this matter, please call:
MITCHELL KATZ	954 345 - 8666
Name of Person	at (
Enclosed is a check made payabliability company or \$25.00 for liability company.	ole to the Florida Department of State for \$85.00 for an active limited an administratively dissolved, voluntarily dissolved or withdrawn limite
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the un-	dersigned,	
ABE KATZ Name of Registered Agent		, hereby resigns as	
		thoropy resigns as	
Registered Agent for			
ZTA	K LAB LLC		
Name of I	imited Liability Company		1
L16000032016			
Document Number, if known			
A copy of this resignation was mailed to th	e above listed limited liabili	ty company at its last known addres	is.
The agency is terminated and the office dis	Signature of Resigning Agen) 	
If signing on behalf of an entity:	•		
	ABE KATZ		✓ homes ≥0
	Typed or Printed Name		ar I
	MGR	្រីជំនួន 	
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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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company

ZTAK LAB LLC

Filing Information

Document Number

L16000032016

FEI/EIN Number

NONE

Date Filed

02/15/2016

State

C1

Status

INACTIVE

.....

ADMIN DISSOLUTION FOR

Last Event
ANNUAL REPORT

Event Date Filed

09/22/2017

Event Effective Date

NONE

Principal Address

3395 LAKE WORTH ROAD,

SUITE 14

PALM SPRINGS, FL 33461

Changed: 06/07/2016

Mailing Address

3395 LAKE WORTH ROAD,

SUITE 14

PALM SPRINGS, FL 33461

Changed: 06/07/2016

Registered Agent Name & Address

KATZ, ABE

1000 WEST AVENUE

SUITE TS3

MIAMI BEACH, FL 33139

Authorized Person(s) Detail

Name & Address

Title MGR

KATZ, ABE

1000 WEST AVENUE, SUITE TS3

MIAMI BEACH, FL 33139

THE MOD