L16000085761

(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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16 JUL 29 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/03/16--01006--023 **87.50

AUG 04 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEN OWL MASSAGE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000085761

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:

SHARON GAZA
Name of Person

ZEN OWL MASSAGE
Name of Firm/Company

2606 W. MIAMI AVE
Address

VENICE FL 34285
City/State and Zip Code

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

For further information concerning this matter, please call:

SHARON GAZA at (941) 408-4415
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL 29 PM 2:52

June 10, 2016

ZEN OWL MASSAGE, LLC
266A MIAMI AVE, W
VENICE, FL 34285

SUBJECT: ZEN OWL MASSAGE, LLC
Ref. Number: L16000085761

We have received your document for ZEN OWL MASSAGE, LLC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company.

The person designated to resign as registered agent in the document is not listed as the current registered agent on our records. Please contact our office to determine the proper form for your intended change/resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 116A00012347

To whom it does concern-
*I was out of town until July 27 And unaware of this letter until then. That is why it is so long to be taken care of
Thank you-
Sharon Garza

2016 JUL 29 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of State is: ZEN OWL MASSAGE, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L16000085761.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 1, 2016

4. I, William GAZA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR.
(Print Title)

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

William Gaza
Signature of Dissociating Member or Resigning Manager

Filing Fee:	$25.00 (Required)
Certified Copy:	$30.00 (Optional)

FILED
16 JUL 29 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E079 (2/14)