

L16000096985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

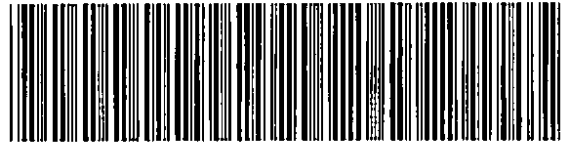
(Business Entity Name)

(Document Number)

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2023 MAY -3 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHAEL EDWARDS, P.A.
ATTORNEY AT LAW
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michaeledwardslaw@gmail.com

Physical Address

1860 SW Fountainview Blvd.
Port St. Lucie, Florida 34986

Mailing Address

P.O. Box 880965
Port St. Lucie, Florida 34988

May 2, 2023

VIA FEDERAL EXPRESS DELIVERY

Registration Section
State of Florida Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

RE: Zalait Family LLC
Document Number: L16000096985

Dear Sir or Madam:

Please be advised that our firm has been the Registered Agent for the captioned company since its inception and in that regard please find enclosed the following:

1. Cover Letter
2. Statement of Resignation of Registered Agent for a Limited Liability Company

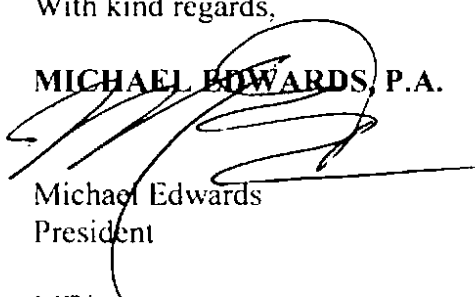
We kindly request that you file same with the Division of Corporations so that the records reflect our firm's resignation as Registered Agent in accordance with Florida Statutes 605.0115.

Please find enclosed our check in the amount of \$85.00 to cover the filing fee for same.

Please feel free to contact me should you need anything further in this matter.

With kind regards,

MICHAEL EDWARDS, P.A.


Michael Edwards
President

ME/se
enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zalait Family LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000096985

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:

Michael Edwards, Attorney at Law
Name of Person

Michael Edwards, P.A.
Name of Firm/Company

1860 SW Fountainview Boulevard
Address
Suite 100

Port St. Lucie, Florida 34986
City/State and Zip Code

michaeledwardslaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Edwards, Esq. at (772) 335-4949
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Michael Edwards, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Zalait Family LLC

Name of Limited Liability Company

L16000096985

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.

Michael Edwards, P.A.

By: 

Signature of Resigning Agent

If signing on behalf of an entity:

Michael Edwards, President

Typed or Printed Name

Michael Edwards, P.A.

Capacity

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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