

L160000 97947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

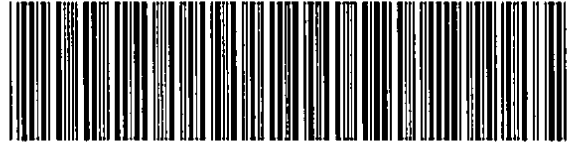
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500329209645

05/13/19--01024--030 **25.00

19
MAY 28 2019
S. YOUNG
3 49 0:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kenneth R. Zarrillo, Jr., LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000097947

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:

Amanda A. Felten

Name of Person

Weber, Crabb & Wein, P.A.

Name of Firm/Company

5453 Central Avenue

Address

St. Petersburg, FL 33710

City/State and Zip Code

amanda.felten@webercrabb.com

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

For further information concerning this matter, please call:

Amanda Felten

Name of Person

at (727) 828-9919

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Amanda A. Felten _____, hereby resigns as

Name of Registered Agent

Registered Agent for Kenneth R. Zarrillo, Jr., LLC

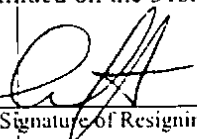
Name of Limited Liability Company

L16000097947

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:

Amanda Felten for Weber, Cabb & Wein, P.A.

Typed or Printed Name

Attorney

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