

L16000 219 874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

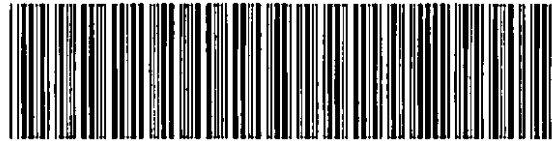
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800336021708

10/31/19--01014--023 \*\*25.00

2019 OCT 31 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Y SUEKER  
NOV 26 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zergent LLC.  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Adam Shai Chauser  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1300 NE Miami Gardens Dr. #405E  
(Address)

N. Miami Beach, FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Shai Chauser at (786) 877 0315  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: Zergent LLC

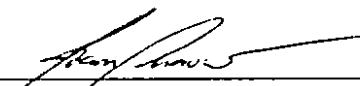
2. The Florida document/registration number assigned to this limited liability company is: L16000219874

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/2019

4. I, Adam Shai Chausser, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

2019 OCT 5 10 31 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED