L17000019742

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
	500	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

ZARATEK LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000019742	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provision	ns of section 605.011	Florida Statutes, the unc	lersigned,		
Legaline Corporate Services, INC. Name of Registered Agent		, hereby resigns as			
Registered Agent for Z	ARATEK LLC				
				_	•
	Name of Lim	nited Liability Company			
L17000019742					
Document N	ımber, if known				
A copy of this resignation	on was mailed to the a	above listed limited liability	y company at its I	ast known	address.
The agency is terminate	d and the office disco	ntinued on the 31st day aft		ich this sta	tement is filed
		Signature of Resigning Agent		S S	20
If signing on behalf of a	n entity:				77
	Chelsea Chapman			i	7027 HOV 1 S
		yped or Printed Name		를 :	л
On Behalf of Legaline Corporate Services, INC.			U)		
	FILING O \$ 85.00	Capacity FEES: Active limited liability of	Company	O PATE	
	o \$ 25.00	Active limited liability of Administratively dissolution withdrawn limited liabi	ved/ voluntarily d lity company	issolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314