

L17000186019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

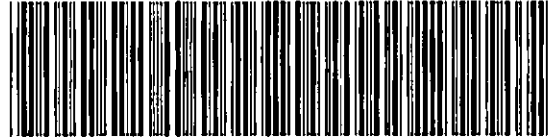
(Business Entity Name)

(Document Number)

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

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JUN 15 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZYBACH LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000186019  
\_\_\_\_\_

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:

Danielle Zybach  
\_\_\_\_\_  
Name of Person

Zybach LLC  
\_\_\_\_\_  
Name of Firm/Company

15350 Amberly Dr #2914  
\_\_\_\_\_  
Address

Tampa, FL 33647  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Danielle Zybach                      813                      541-5349  
\_\_\_\_\_  
Name of Person                      at (                      )  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DHW Law, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Zybach LLC

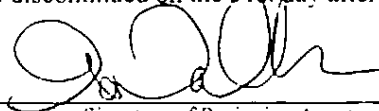
Name of Limited Liability Company

L17000186019

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 31<sup>st</sup> day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Gwen E. Walkowiak

Typed or Printed Name

President

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

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