

L17000187503

(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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Office Use Only



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10/26/20--01023--010 **25.00

20 OCT 26 PM 3:45

Dissociation

DEC 04 2020

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Z Title Group 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:

VILMARYS METROPULOS

(Contact Person)

Z TITLE GROUP LLC

(Firm/Company)

290 Citrus Tower Blvd Suite 213

(Address)

Clermont FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

VILMARYS METROPULOS

(Name of Contact Person)

407 at ()

591-3992

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee **#CHK 4954**

☐ \$55 Filing Fee & Certified Copy

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

20 OCT 26 PM 3:45



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: Florida

2. The Florida document/registration number assigned to this limited liability company is:
L17000187503

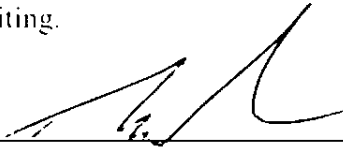
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/20/2020

4. I, Reeve Leventhal, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR and as Owner

(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)

FILED
DIVISION OF STATE
CORPORATIONS
20 OCT 26 PM 3:05