

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please,****

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
ZARANS LLC

Certificate of Status	1
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Corporate Filing Menu

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MAY 3 2019

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

US TAX CONSULTING INC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for ZARANS LLC

Name of Limited Liability Company

L18000000613

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:

RODRIGO CAVALANTE

Typed or Printed Name

REGISTERED AGENT

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withdrawn limited liability company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