L18000034390

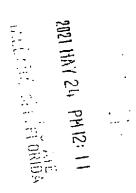
(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZZS Solutions, LLC
Name of Elimited Liability Company
DOCUMENT NUMBER: L18000034390
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
800 773-0888
Name of Person at (Name 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes,	the undersigned,	
	rporation Agents, Inc.		
Name of Registered Agent		hereby resigns as	
Registered Agent for	ZZS Solutions, LLC		
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
L18000034390			
Document	Number, if known		
		tiability company at its last known address. day after the date on which this statement is g Agent	
If signing on behalf of	an entity:	ration Agents, Inc.	
	Cheyenne Moseley	51	
	Typed or Printed Name		
	Asst. Secretary for United States Corpor	ation Agents, Inc.	
	Capacity	ration Agents, Inc.	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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