# L18000115777

(Requestor's Name)					
(Address)					
(Address)					
(Audiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(200,1000 2.100)					
(Document Number)					
Certified Copies Certificates of Status					
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SECRETARY OF STATE
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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUR.	JECT: Freedom First Manufacturing LLC	
	Name of Limited Liability C	ompany
DOC	CUMENT NUMBER: L18000115777	
The e	enclosed Resignation of Registered Agent for a Limited Liling.	iability Company and fee are submitted
Pleas	se return all correspondence concerning this matter to the	following:
Victo	oria Padron	
	Name of Person	
Zenl	Business Inc.	
	Name of Firm/Company	
5511	1 Parkcrest Dr Ste 207	
	Address	
Aust	stin, TX 78731	
	City/State and Zip Code	
zenr	ra@zenbusiness.com	
	E-mail address: (to be used for future annual report notification)	
For fi	further information concerning this matter, please call:	
Victo	Name of Person at (844 Area Code	493-6249
	Name of Person Area Code	Daytime Telephone Number
liabil	osed is a check made payable to the Florida Department of lity company or \$25.00 for an administratively dissolved, lity company.	of State for \$85.00 for an active limited voluntarily dissolved or withdrawn limited

## 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

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0113	5, Florida Statutes, the unc	dersigned,	
ZB Agents LLC			_, hereby resigns as	
	Name of Registered Agen			
Registered Agent for <u>F</u>	REEDOMFIRSTM	MANUFACTURINGLL	_C	
<del> </del>	Name of Lim	ited Liability Company		······································
L18000115777				
Document No	imber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liabilit	y company at its last known	address.
The agency is terminate	d and the office disco	ntinued on the 31st day af	ter the date on which this sta	tement is filed.
	War	Signature of Resigning Agent	<u>'</u>	
If signing on behalf of a	in entity:		TAL.	
	ZB Agents LLC	by Shanaz Hemmati	i de la companya de l	
	Т	yped or Printed Name		語器
	Manager			Ser =
		Capacity		A 2: 04
	FILING \$ 85.00 \$ 25.00	Active limited liability	lved/ voluntarily dissolved/	1

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