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Ra Resignation

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COVER LETTER

SUBJECT: Swim Zanzibar LLC Name of Lin	nited Liability	Company	
DOCUMENT NUMBER: L18000131308			
The enclosed Resignation of Registered Agent for filing.	for a Limited	d Liability Company and fee ar	e submitted
Please return all correspondence concerning thi	s matter to th	he 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			20
E-mail address: (to be used for future annual report	notification)	•	
For further information concerning this matter,	please call:		ار جا م ار جا جا م
Janna Pantoja	800	773-0888 x3950	#
Name of Person	Area Code	Daytime Telephone Number	9 3
Janna Pantoja Name of Person Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	ı Departmen	773-0888 x3950 Daytime Telephone Number t of State for \$85.00 for an acti d, voluntarily dissolved or with	ve limited

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.0115, Florida Statutes, the unders	signed,
United States Corporation Agents, Inc. Name of Registered Agent		hereby resigns as
		, Hereby resigns as
Registered Agent for S	wim Zanzibar LLC	
	Name of Limited Liability Company	,
L18000131308		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited liability of	ompany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	20 EX 19
If signing on behalf of a	in entity:	P
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	
	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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