18000138780

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000336642850

10/21/19--01043--006 **/5.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

019 OCT 21 AN 10: 3

7 0.8 2019

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Banneker Group LLC			
	imited Liability	Company	
DOCUMENT NUMBER: L18000138780			
The enclosed Resignation of Registered Agen for filing.	t for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning the	his matter to the	e following:	
Dena La Porta			
Name of Person			
ZenBusiness			
Name of Firm/Company			
702 San Antonio St., 4th Floor			
Address	 		
Austin, TX 78701			
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
Fulfillment@zenbusiness.com			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter	r, please call:		
Dena La Porta	512 at ()	237-7349	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flori liability company or \$25.00 for an administrational liability company.			
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes	the undersigned.	
ZB Agents LLC		, hereby resigns as	
	Name of Registered Agent	, , nevery renigns to	
Registered Agent for	Banneker Group LLC		
	Name of Limited Liability Compar	ny ·	
L18000138780			
Document	Number, if known		
If signing on behalf o	f an entity:	SECRETAR TALL AHASS	
	ZB Agents LLC by Arturo Flore	s EAR DC1	711
	Typed or Printed Name		
	Manager		
	Capacity	F STATE	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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