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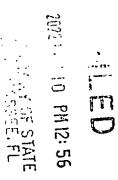
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COVER LETTER

SUBJECT: Name of Limited L	ability Company
DOCUMENT NUMBER: L18000141183	
The enclosed Resignation of Registered Agent for a L for filing.	imited Liability Company and fee are submitte
Please return all correspondence concerning this matter	er to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	ution)
For further information concerning this matter, please	call:
Chelsea Chapman 844	386-0178
Name of Person Area	Code Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	5.0115, Florida Statutes, the undersigned.
Legaline Corporate Services, INC.	, hereby resigns as
Name of Register	
Registered Agent for ZUZU GLOBAL I	LC
Name	of Limited Liability Company
L18000141183	
Document Number, if known	
A copy of this resignation was mailed t	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. Lon Old Month Signature of Resigning Agent
If signing on behalf of an entity:	
Chelsea Chapn	an E
	Typed or Printed Name
On Behalf of L	galine Corporate Services, INC.
	ING FEES: OO Active limited liability company Administratively dissolved/ voluntarily dissolved/
• FII • 5 8 • \$ 2	ING FEES: .00 Active limited liability company .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