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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: AMERICAN MADE ZIZ COMPANY LLC Name of Limited Liability	
DOCUMENT NUMBER: <u>L18000236264</u>	
The enclosed Resignation of Registered Agent for a Limited submitted for filing.	Liability Company and fee are
Please return all correspondence concerning this matter to the	e 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:	
Kasandra Lund at (1800) Name of Person Area Code	773-0888 x 3951 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisi	ons of section 605.0115. Florida Statutes, the undersigne	d.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	,
Registered Agent for_	AMERICAN MADE ZIZ COMPANY LLC	
	Name of Limited Liability Company	,
L18000236264		
Document N	Sumber, if known	
A copy of this resigna	tion was mailed to the above listed limited liability comp	any 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	2020 71114
If signing on behalf of	fan entity:	11.1.
	Cheyenne Moseley	
	Typed or Printed Name	PH 5: 43
	Asst. Secretary for United States Corporation Agents, In	0. +
	Capacity	_ ω

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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