L18000 291401

(Requestor's Name)	
(Address)	5
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ZEUS MOVING LLC	
Name of Limited Liability	v Company
DOCUMENT NUMBER: L18000291409	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	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	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisions of section 605	.0115, Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc. , hereby resign:		arahy rasions as
		ricoy resigns as
Registered Agent for ZEUS MOVING	SLLC	
Name o	f Limited Liability Company	·
L18000291409		
Document Number, if known		
A copy of this resignation was mailed to The agency is terminated and the office of the agency is the agency is the agency of the agency o	liscontinued on the 31st day after the Signature of Resigning Agent	
	Typed or Printed Name	
Asst. Secretary	for United States Corporation Agent	s, Inc.
FILI	Capacity NG FEES:	25 PM
\$ 85. \$ 25.	00 Active limited liability comp	oany عند voluntarily dissolved/ عند voluntarily dissolved/

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