L19 0000 7790Z

| (Red | questor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| | | | | | |
| (Add | dress) | | | | |
| | | | | | |
| | dress) | | | | |
| (Adi | uicas) | | | | |
| | | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Bu: | siness Entity Nar | пе) | | | |
| • | • | , | | | |
| (0- | cument Number) | | | | |
| (00 | cument Number) | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to | Filing Officer | | | | |
| opecial instructions to | ning Onicer. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | · | | | | |

Office Use Only



500364905765

04/27/21--01006--012 **25.00

RECEIVED

APR 2 6 2021

2021 APR 26 PH 5: 46

COVER LETTER

| SUBJECT: EZ Brothers LLC Name of Limited Liability | Company |
|--|--|
| DOCUMENT NUMBER: L19000077902 | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitte |
| 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: | |
| Name of Person at (800 Area Code | 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisio | ns of section 605.011 | 5, Florida Statutes, the under | rsigned. | | |
|---------------------------------------|--|---|-------------------|-------------------|--------------|
| United States Corporation Agents, Inc | | | hereby resigns as | | |
| | | | . Hereby resign | creby resigns as | |
| Registered Agent for _ | Z Brothers LLC | · | | | |
| | Name of Lin | aited Liability Company | | | , |
| | ixame of the | ated that they Company | | | |
| L19000077902 | | | | | |
| Document No | umber, if known | · ··· | | | |
| A copy of this resignation | on was mailed to the a | above listed limited liability (| company at its | last known addr | ess. |
| The agency is terminate | d and the office disco | ontinued on the 31st day after | the date on wl | hich this stateme | nt is filed. |
| If signing on behalf of a | on entity: | fignature of Resigning Agent | | 202 TAL | |
| Cheyenne Moseley | | | 2021 APR 26 | -77 | |
| | | yped or Printed Name | | 26 | |
| | Asst. Secretary for United States Corporation Agents, Inc. | | ents, Inc. | | 777 |
| | | Capacity | | PM 5: 46 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liability | d/ voluntarily : | | |

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