

L200000 68128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

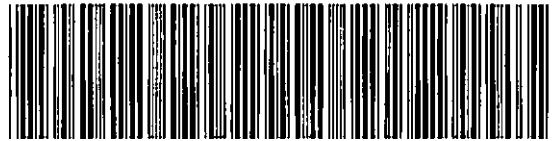
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATION  
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RA Resignation

OCT 06 2020

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZOOHOUSE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000068128

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Uribe  
Name of Person

ZOOHOUSE LLC  
Name of Firm/Company

130 N. Cherry Street  
Address

Starke, Florida 32091  
City/State and Zip Code

zoohousesllcstarke@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Uribe at (904) 796-2488  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

Michelle Hart \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_ and Partner for ZOOHOUSE LLC

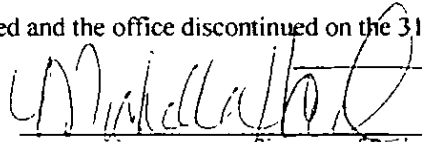
\_\_\_\_\_  
Name of Limited Liability Company

L20000068128

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to 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.

  
05/21/2012  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Michelle Hart

\_\_\_\_\_  
Typed or Printed Name

Registered Agent and Partner

\_\_\_\_\_  
Capacity

## **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**

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