L20000068128

| (F | Requestor's Name) | |
|---|-------------------------|--------|
| (/ | Address) | |
| | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | MAIT | MAIL |
| <u> </u> | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
| | | |
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SCHART OF STATE CORPORATIONS

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COVER LETTER

| TO: Registration Section | | | |
|---|--|----------------------------------|----------|
| Division of Corporations | | | |
| ZOOHOUSE LLC SUBJECT: | | | |
| (Name of Lit | mited Liability Company) | - | |
| The enclosed member, resignation or dissoc | ciation and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning | g this matter to: | | |
| Rebecca Uribe | | | |
| (Contact Person) | | | |
| ZOOHOUSE LLC | | | _ |
| (Firm/Company) | | 20 3 | 77 |
| 130 N. Cherry Street | | 20 SEF 22 | <i>:</i> |
| (Address) | | | . مر |
| Starke, Florida 32091 | | ထု | WALION |
| (City/State and Zip Code) | | 3 | 1111 |
| For further information concerning this mat | tter, please call: | | |
| Rebecca Uribe | 904 796-2488 at () | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | - | |
| Enclosed please find a check made payable | to the Florida Department of State for: | | |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | |
| Mailing Address: | Street Address: | | |
| Registration Section | | | |
| Division of Corporations | Division of Corporations The Centre of Tallahassee | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | |
| rananassee, rl 52514 2415 in Monroe Street, Suite 8 | | 010 | 7 |

Tallahassee, FL 32303

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the of State is: ZOOI | limited liability company as it appears on the records of the Florida Department |
|---------------------------------------|--|
| 2. The Florida doc L20000068128 | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is:05/26/21212 |
| 4. I, | , hereby withdraw/resign as a |
| | lame of Person Resigning) |
| Authorized Perso | n |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of D | issociating Member or Resigning Manager |
| | |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |