## 1200000089771

| (Requ                       | estor's Name)  |             |
|-----------------------------|----------------|-------------|
| (Addr                       | ess)           |             |
| (Addr                       | ess)           |             |
| (City/s                     | State/Zip/Phon | e #)        |
| PICK-UP                     | ☐ WAIT         | MAIL        |
| (Busin                      | ness Entity Na | me)         |
| (Docu                       | ment Number)   | <u> </u>    |
| Certified Copies            | Certificate    | s of Status |
| Special Instructions to Fil | ing Officer:   |             |
|                             |                |             |
|                             |                |             |
|                             |                |             |

Office Use Only



600344577336

05/12/20--01012--001 \*\*25.00

Dossoc Resign.
Menber
6/4/20

## **COVER LETTER**

| Division of Corporations                      |                  |   |
|---|------------------|---|
| A2Z FUSION, LLC SUBJECT:                      |                  |   |
|   | imited Liability | Company)  |
| The enclosed member, resignation or disso     | ociation and fe  | ee(s) are submitted for filing.                           |
| Please return all correspondence concerning   | ig this matter   | to:   |
| ADAM J KATZ, ESQUIRE                          |                  |   |
| (Contact Person)                              |                  |   |
| ADAM J KATZ, PA                               |                  |   |
| (Firm/Company)                                |                  | <del></del>   |
| 5571 N UNIVERSITY DRIVE, SUITE 204            |                  |   |
| (Address)                                     |                  |   |
| CORAL SPRINGS, FL 33067                       |                  |   |
| (City/State and Zip Code)                     | <del></del>      |   |
| For further information concerning this ma    | tter, please ca  | ili:  |
| ADAM J KATZ                                   | 954<br>at (      | 761-8080  |
| (Name of Contact Person)                      |                  | ode & Daytime Telephone Number)                           |
| Enclosed please find a check made payable     | to the Florida   | a Department of State for:                                |
| ■ \$25 Filing Fee                             |                  | ing Fee & Certified Copy                                  |
| Mailing Address:                              |                  | Street Address:   |
| Registration Section Division of Corporations |                  | Registration Section Division of Corporations             |
| P.O. Box 6327                                 |                  | The Centre of Tallahassee                                 |
| Tallahassee, FL 32314                         |                  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

|  | limited liability company a  |                              | of the Florida Department      |  |
|--|--|------------------------------|--------------------------------|--|
| 2. The Florida doc<br>L20000089771       | ument/registration number a  | ssigned to this limited liab | oility company is:             |  |
| 3. The date this me                      | ember/manager withdrew/res   | signed or will withdraw/res  | 5/8/2020<br>sign is:           |  |
| JILL R STANZI                            | ONE  |                              | _, hereby withdraw/resign as a |  |
| MGR                                      | (D. ) . T. (1)   |                              |                                |  |
| of this limited lia<br>resignation in wr | bility company and affirm the string with the string string section of the string section with the string section of the string section with the string section of the string se | wall                         |                                |  |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)   |                              | E 11 E                         |  |