

120 000 111 066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

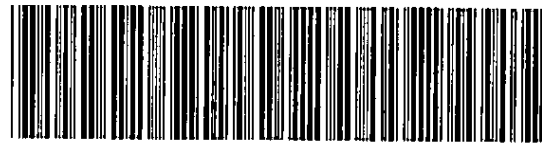
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TAXY OF STATE
HALLANDALE, FL

V. SULKER

NOV 22 2021

COVER LETTER

TO: Registration Section¹
Division of Corporations

SUBJECT: Z&N Auto Repair LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000111066

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:

Nilsa Rivera
Name of Person

Z&N Auto Repair LLC
Name of Firm/Company

100 Seminola Blvd.
Address

Casselberry, FL 32707
City/State and Zip Code

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

For further information concerning this matter, please call:

Nilsa Rivera at (386) 561-1115
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Nicole Dickson

hereby resigns as

Name of Registered Agent

Registered Agent for Z&N Auto Repair LLC

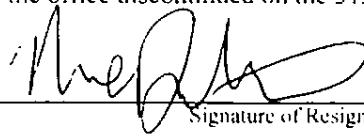
Name of Limited Liability Company

L20000111066

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Nicole Dickson

Typed or Printed Name

Manager

Capacity

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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