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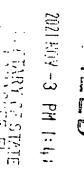
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COVER LETTER

	Registration Section Division of Corporations	,		
SUBJE	Z&N Auto Repair LLC			
	Name of Limited Liability Company			
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter	to the following:		
	Nilsa Rivera			
	Name of Person			
	Z&N Auto Repair LLC			
	Firm/Company			
	100 Seminola Blvd.			
	Address			
	Casselberry, F1. 32707			
	City/State and Zip Code			
	znautorepair@yaoo.com			
E-r	nail address: (to be used for future annual repor	t notification)		
For furth	ner information concerning this matter, please ca	all:		
Nilsa Ri	ivera at (386 561-1115		
	Name of Person	Area Code & Daytime Telephone Number		
]] }	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		

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee



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)

1. The name of the limited liability company as it appears on the records of the Florida	
of State is: Z&N Auto Repair LLC	
2. The Florida document/registration number assigned to this limited liability company L20000111066	is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2	021
4. 1. Nicole Dickson, hereby withdraw/resign as a	
(Print Name of Person Resigning) Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company has been not resignation in writing.	2
Machine	-3 -3
Signature of Dissociating Member or Resigning Manager	G***7*
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PM = 15