L21000118447

(Requestor's Name)				
(Address)				
(Address)				
(0	Dity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer.				

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THE RESERVE OF THE

COVER LETTER

TO: Registration Section	
Division of Corporations	·
SUBJECT: ZEUS COLLEGIATE LLC Name of Limited Liability	Compone
•	Company
DOCUMENT NUMBER: L21000118447	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Ryan Potter	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ryan Potter 844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Sta	tutes, the undersigned,	
ZENBUSINESS INC.		, hereby resigns as	
	Name of Registered Agent	<i>, v</i>	
Registered Agent for			
ZEUS COLLEGIATE	LLC		_
	Name of Limited Liability C	ompany	
1.21000118447			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its la	ast known address.
The agency is termina	ted and the office discontinued on the	Resigning Agent	ch this statement is filed
If signing on behalf o	fan entity:		24
	Khadijeh Hemmati		24 SEP 20
	Typed or Printed	Name	7 2 P 27
	Secretary		177
	Capacity		F. 3
			第5 五
	FILING FEES:		35 35
	\$ 85.00 Active lim \$ 25.00 Administra	ited liability company atively dissolved/ voluntarily di n limited liability company	issolved/

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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	Name of Limited Liabil	ity Company
L21000118447		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above list	ed limited liability company at its last known address.
The agency is termina	whood of	on the 31st day after the date on which this statement is filed.
If signing on behalf o	f an entity:	
	Khadijeh Hemmati	
	Typed or Pri	nted Name
	Secretary	
	Capacit	у

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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