L21000168917

(Re	questor's Name)	
bA)	dress)	
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DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Z.B. VENTURES, LLC	
(Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
ZAC BROOKS	
(Contact Person)	
Z.B. VENTURES, LLC	
(Firm/Company)	
2526 HIBISCUS DRIVE	
(Address)	
EDGEWATER, FL 32141	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
ZAC BROOKS at	(384) 489-1807
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for: \$55 Filing 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 Tallahassee, FL 32303

CR2E079 (2/14)



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 as	s it appears on the records of	of the Florida Departmen
2. The Florida doc: L21000168917	ument/registration number a	ssigned to this limited liab	ility company is:
DAMELLEDDA	ember/manager withdrew/res OOKS Vame of Person Resigning)		
	(Print Title) bility company and affirm thiting.	he limited liability compan	y has been notified of my
Signature of D	MBuun issociating Member or Resig	gning Manager	2024 AUG 27 ZECHAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AM 8: 40 T OF STATE SEE, FLORID