L21000321752

(Re	equestor's Name)	
(Ad	ldress)	
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(Au	iaress)	
(Cit	ty/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consideration to	Siling Officers	
Special Instructions to	Filing Officer:	

Office Use Only



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(023)(397) 17 | *E*:1-7: 09

CF 12/1/2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZURY LLC Name of Limited Liability Company
DOCUMENT NUMBER: L21000321752
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Area Code Daytime Telephone Number

INHS17 (2/14)

, TO:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115. Florida Statutes, the unders	igned,
United States Corporation Agents, Inc. , hereby res		perahy recions as
		nercoy resigns as
Registered Agent for	ZURY LLC	
	Name of Limited Liability Company	·
L21000321752		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	ated and the office discontinued on the 31st day after t	he date on which this statement is filed
	Signature of Resigning Agent	2023 1 14
If signing on behalf of an entity:		- /
	Cheyenne Moseley	7
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	
	Capacity	

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