

L22000029165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

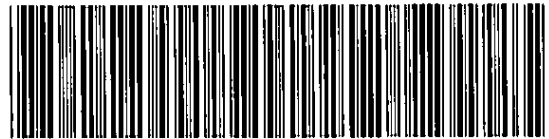
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**DATE: 3/4/2022**

**NAME: ZN PROPERTY CONNECTION, INC**

**TYPE OF FILING: AMENDED STATEMENT OF AUTHORITY**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZN PROPERTY CONNECTION, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIU YUE ZHENG

\_\_\_\_\_  
Name of Person

ZN PROPERTY CONNECTION, LLC

\_\_\_\_\_  
Firm/Company

5412 MCKINLEY STREET

\_\_\_\_\_  
Address

HOLLYWOOD, FL 33021

\_\_\_\_\_  
City/State and Zip Code

mouse1206@msn.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MCNALLY

305 423-3431  
at ( )

\_\_\_\_\_  
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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: ZN PROPERTY CONNECTION, LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000029165

**THIRD:** The street address of the limited liability company's principal office is:

5412 MCKINLEY STREET

HOLLYWOOD, FL 33021

The mailing address of the limited liability company's principal office is:

5412 MCKINLEY STREET

HOLLYWOOD, FL 33021

**FOURTH:** The date the statement of authority became effective is: MARCH 4, 2022


**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

THE AUTHORIZED REPRESENTATIVE'S NAME IS XIU YUE ZHENG.

This is to correct an incorrect spelling of the authorized representative's name.

  
Signature of authorized representative

Xiu Yue Zheng

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)