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(Requestor's Name)	
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Special Instructions to Filing Officer:	



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## **COVER LETTER**

### TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

# DOCUMENT NUMBER: 1.22000058738

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:

Cory Betts

Name of Person

ZenBusiness Inc.

Name of Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip	SECI TA		
ra@zenbusiness.com			. 7
E-mail address: (to be used for future	annual report notification)		
For further information concerning this matter, please call:			ן גיי
Cory Betts	at ()493-6249		<del>مي</del> ۔
Name of Person	Area Code Daytime Telepho	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned,

Name of Registered Agent

ZenBusiness Inc.

. hereby resigns as

Registered Agent for \_\_\_\_\_

Name of Limited Liability Company

L22000058738

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

ZenBusiness Inc. by Khadijeh Hemmati

Typed or Printed Name

Secretary

Capacity



Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)