122000291890

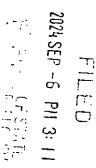
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
SEP 12 2024					
-024					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	The Frolov Company LLC		
	Name of Limite	ed Liability	Company
DOC	UMENT NUMBER: 1.22000291890		
The e for fil	nclosed Resignation of Registered Agent for ing.	a Limited	Liability Company and fee are submitted
Please	e return all correspondence concerning this n	natter to th	e following:
Ryan I	otter		
	Name of Person		
ZenBu	siness Inc.		
	Name of Finn/Company	•	
336 E.	College Ave. Suite 301		
	Address		
Tallah	assee, FL 32301		
	City/State and Zip Code		
га@хе	nbusiness.com		
19	-mail address: (to be used for future annual report no	otification)	
For fi	orther information concerning this matter, pla	ease call:	
Ryan	Potter 8	344	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section	n 605.0115, Florida Statutes, th	ne undersigned,	38 7
ZENBUSINESS INC.		hereby resigns as	1 8 G
Name of Reg	istered Agent		
Registered Agent for			<u> </u>
The Frolov Company LLC			
N	ame of Limited Liability Company		
1.22000291890			
Document Number, if know	<u> </u>		
A copy of this resignation was maile	ed to the above listed limited li	iability company at its last kr	nown address.
The agency is terminated and the of	Tice discontinued on the 31st of Signature of Resigning	Aj	is statement is filed.
If signing on behalf of an entity:			
Khadijeh H	Iemmati		
	Typed or Printed Name		
Secretary			
	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