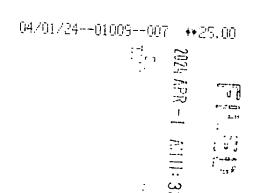
L22000358218

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
limils
<u> </u>





300426798263



COVER LETTER

Division of Corporations	
SUBJECT: Vonzan Deep LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for time;
Please return all correspondence concerning this matter	to:
Trov von Blankenburg	
(Contact Person)	
Vonzan Deep LLC	
(Firm/Company)	
664 Folsom St S	
(Address)	
St Petersburg. FL 33707	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Troy von Blankenburg at (727	580-6263
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric	da Department of State for:
•	iling Fee & Certified Copy
Mailing Address:	Street Aggres
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

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1. The name of the	limited liability company as i	it appears on the records of the Flo	orida Deb	a <u>rtm</u> er (
of State is: Vonza	n Deep LLC			<u>3</u> .
2. The Florida docu	ment/registration number ass	signed to this limited liability com	pany is:	
L22000358218		 ·		
3. The date this men	mber/manager withdrew/resig	gned or will withdraw/resign is: $\frac{1}{2}$	2/31/2023	
4. I, Mirco Zanella		, hereby withdraw/resign as a		
(Print No	ume of Person Resigning)			
Manager/Owner				
(Print Title)			
of this limited liab resignation in wri		limited liability company has bee	en notifie	d of my
Signature of Dis	ssociating Member or Resign	ing Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			