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## **COVER LETTER**

Division of Corporations		
PANTH3R ALLLC SUBJECT:		
Name of I	Limited Liabili	ty Company
DOCUMENT NUMBER: 1.22000522095		
The enclosed Resignation of Registered Age for filing.	nt for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concerning	this matter to	the following:
Cory Betts		
Name of Person		<del>-</del>
ZenBusiness Inc.		<b>2</b> 024
Name of Firm/Company		
336 E. College Ave. Suite 301		2024 APR 16 SECRETARY
Address		
TALLAHASSEE, FL 32301		- MIO: 33
City/State and Zip Code		- 33
ra@zenbusiness.com		·
E-mail address: (to be used for future annual rep	ort notification)	<del></del>
For further information concerning this matter	er, please call	:
Cory Betts	844	493-6249
Name of Person	at ( Area Cod	e Daytime Telephone Number
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administratimited liability company.	rida Departme atively dissolv	ent of State for \$85.00 for an active limited wed, voluntarily dissolved or withdrawn
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
P.O. BOX 0327		The Centre of Tahlanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS17 (2/14)

Tallahassee, Fl. 32314

TO: Registration Section

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	ersigned.
ZenBusiness Inc.		_ , hereby resigns as
	Name of Registered Agent	_ ( 110100 ) 10018/10 10
Registered Agent for	PANTH3R ALLLC	
<u></u>	Name of Limited Liability Company	·
1,22000522095		
Document l	Number, if known	. 20 S
.,	tion was mailed to the above listed limited liability	FE R
The agency is termina	ted and the office discontinued on the 31st day after the second of the 31st day after	er the date on which this statement is filed."
If signing on behalf of	an entity:	33 FAE
	ZenBusiness Inc. by Khadijeh Hemmati	
	Typed or Printed Name	<del></del>
	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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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