L23000099031

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	ne #)
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ATTACHENT OF STATE PASION OF CORPORATION. TATTAMASSEE, FLORID. 2023 NOV 27 AM II: 3!

A. PARISHANI DEC 0 9 2023

COVER LETTER

2023 NOV 27 AM II: 35

JA FARTMENT OF STATE
HVISION OF CORPORATION
TALL ANASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: 2524 2LC (Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person)

RTZA 2LC
(Firm/Company)

9834 NW 17 Rd
(Address)

Gainesville PL 32606
(City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (352) 665-3150 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\sime\$\$ \$\$\$ \$\$\$\$ Filing Fee \$\subset\$ Certified Copy

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



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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	RJZA LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L230	00099031
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 11 20 202
4.1. Jussic	me of Person Resigning). hereby withdraw/resign as a
Mbi	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
	Bante
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)