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COVER LETTER

TO:	Registration Division of	n Section Corporations			
SUBJE	cr. ZT E	nterprises, LLC			_
SUBJE			reign Limited Liah	ility Co	ompany)
Dear Si	r or Madam:				
The end	losed withdr	awal and fee(s) are submitte	ed for filing.		
Please r	return all con	respondence concerning this	s matter to the follo	owing:	
Maur	een Jack	son			
		(Name of Person)			a v →.
Apple	ejam, Inc.				
		(Firm/Company)			
2255	Duo okina	idas Dival Cuits 40	ie.		
3333	DIECKIIII	idge Blvd., Suite 12 (Address)	.0		·
		(Addiess)			
Dulut	h, GA 30				
		(City/State and Zip Coo	de)		
For furt	her informati	ion concerning this matter,	nlease call·		
		on concerning time inducer,			
Maur	een Jack		at (770		923-6001
	(1)	ame of Person)	(Area C	ode & D	aytime Telephone Number)
	STREET/C	COURIER ADDRESS:	N	MAILE	NG ADDRESS:
Registration Section			Registration Section		
	Division of Clifton Bui	Corporations		Division of Corporations P.O. Box 6327	
		itive Center Circle	Tallahassee, Florida 32314		
	Tallahassee	, Florida 32301			,
Enclose	ed is a check	for the following amount	:		
\$25 Filing Fee \$\sum \\$30 \text{Filing Fee & } \sum \\$55 \text{Filing Fee & } \sum				\$60 Filing Fee,	
	-	Certificate of Status	Certified Cop		Certificate of Status &
					Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

ZT Enterprises, LLC
(Name of limited liability company)
Georgia
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
3355 Breckinridge Blvd., Suite 126 (Mailing address)
Duluth, GA 30096 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member) Timothy A. Velleca (Typed or printed name of signee)

Filing Fee: \$25.00