

M20000001022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

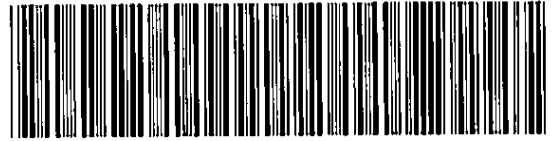
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600369958396

2021 JUL 19 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 JUL 19 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 916071 8323810

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : July 19, 2021

ORDER TIME : 2:36 PM

ORDER NO. : 916071-005

CUSTOMER NO: 8323810

RESIGNATION OF AGENT

NAME: Z2 PARTNERS, LLC

XX RESIGNATION OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT# 61592.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z2 PARTNERS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M20000001022

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RESIGNATIONS DEPARTMENT

Name of Person

CORPORATION SERVICE COMPANY
Name of Firm/Company

251 LITTLE FALLS DRIVE
Address

WILMINGTON, DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT _____ at (800) 927-9801
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Z2 PARTNERS, LLC

Name of Limited Liability Company

M20000001022

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name

VICE PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

FILED
2021 JUL 19 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FL

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314