

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M22000014137

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 Z THE ONE 1445 FL, LLC**

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Certified Copy	1
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OCT 13 2022
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COVER LETTER

H22000348471

TO: Registration Section
Division of Corporations

SUBJECT: Z The One 1445 FL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Hakuna

Name of Person

AZT Corporation

Firm/Company

16600 Dallas Parkway, Suite 300

Address

Dallas, Texas, 75248

City/State and Zip Code

jhakuna@aztcorporation.com

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

For further information concerning this matter, please call:

Joe Hakuna

972

428 2948

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$75 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

