

P19000045803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

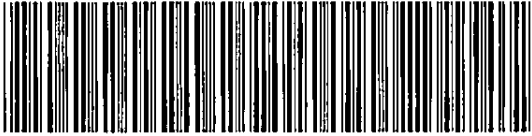
(Business Entity Name)

(Document Number)

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JUN 27 2023

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2023 JUN -7 AM 7:45  
SECRETARY  
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6

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZUTI INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000045803

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nestor Guillen  
(Name of Person)

Guillen Pujol CPA PA  
(Name of Firm/Company)

6161 Blue Lagoon Dr. Suite 475  
(Address)

Miami, FL 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nestor Guillen at ( 305 ) 831-4093  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2023 FEB -7 AM 7:44  
10

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

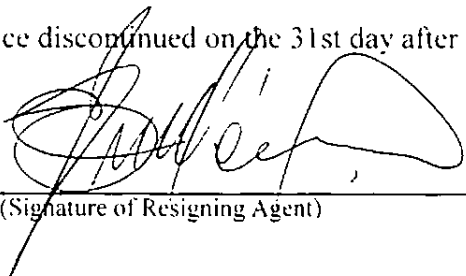
Florida Statutes, the undersigned, GUILLEN PUJOL CPA, PA  
(Name of Registered Agent)

hereby resigns as Registered Agent for ZUTI INC  
(Name of Corporation)

P19000045803  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

GUILLEN PUJOL CPA PA  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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