P19000045803

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TO: Amendment Section Division of Corporations

SUBJECT:____ZUTLINC

(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

(Name of Person)

____at (<u>305</u>)<u>831-4093</u> (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509. GUILLEN PUJOL CPA, PA Florida Statutes, the undersigned, _____ (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 discoprinued 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) RESI DENT (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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