

**L04000044287**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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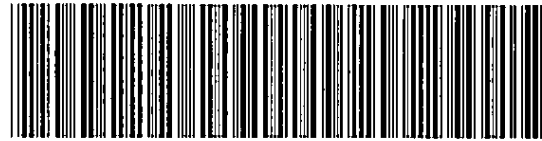
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/05/19--01010 -005 \*\$25.00

**FILED**

**19 JUN -5 AM 8:14**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**JUN 21 2019**

**T SCHROEDER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIM AIR CHARTER LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: Number41-2140570

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:

E Thomas Septembre  
Name of Person

Keystone Law Firm  
Name of Firm/Company

12865 West Dixie Highway, Second Floor  
Address

North Miami, Florida 33161  
City/State and Zip Code

tseptembre@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM SEPTEMBRE at (305) 8998588  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

E THOMAS SEPTEMBRE

, hereby resigns as

Name of Registered Agent

Registered Agent for TRIM AIR CHARTER LLC

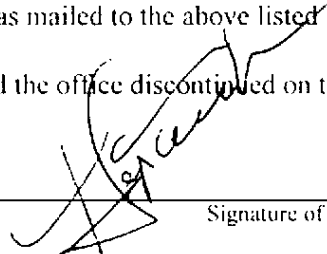
Name of Limited Liability Company

Number 41-2140570

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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILED**  
19 JUN -5 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314