

h12 000033705

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2022 APR 22 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE, FL 323

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZOOM Air HOLDING, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L12000033705

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:

FLORIAN J. DAUNY ESQ  
Name of Person

FLORIAN J DAUNY PLLC  
Name of Firm/Company

3131 NE 188<sup>th</sup> ST, # 2708  
Address

AVENTURA, FL, 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

FLORIAN DAUNY at ( 352 ) 256-9719  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

**FILED**

**2022 APR 22 AM 7:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

FLORIAN T DAUNY ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for

Zoom Air Holding LLC

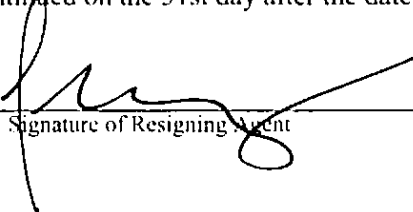
Name of Limited Liability Company

L12000033705

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

**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