# L14000095979

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
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2024 DEC 26 PH 2: 59
SECRETARY OF STATE

### **COVER LETTER**

Registration Section Division of Corporations SUBJECT: WINTER GARDEN AIR, LLC Name of Limited Liability Company DOCUMENT NUMBER. L14000095979

DOCUMENT NUMBER.	<del> </del>	<del></del>
The enclosed Resignation of Registered Agent for a Limit for filing.	ted Liability Company and	fee are submitted
Please return all correspondence concerning this matter to	the following:	
Vanessa Flanagan		
Name of Person	_	
PARACORP INCORPORATED		
Name of Firm/Company	<del></del>	
2804 Gateway Oaks Dr #100		
Address	<del></del>	202
Sacramento, CA 95833		2024 DEC 26 F SECRETARY SECRETARY
City/State and Zip Code	_	26 1741
		20 P
E-mail address: (to be used for future annual report notification)	)	PH 2: 59
For further information concerning this matter, please call	l:	FF 59
Vanessa Flanagan 800	533-7272	•

Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

Pursuant to the provision	ons of section 605.011	5. Florida Statutes, the unde	rsigned.		
PARACORP INCORPORATED			, hereby resigns as		
	Name of Registered Ages	nt			
Registered Agent for V	VINTER GARDEN	AIR, LLC			
	Name of Lim	nited Liability Company		·	
L14000095979					
Document N	umber, if known				
A copy of this resignati	on was mailed to the a	above listed limited liability	company at its last knowr	ı address.	
The agency is terminate	ed and the office disco	ntinued on the 31st day afte	r the date on which this st	atement is fi	iled.
		Signature of Resigning Agent			
If signing on behalf of a	in entity:				
	Abigale Peterso	n			
	Т	yped or Printed Name		202	
	Asst. Secretary	for Paracorp Incorpora	ted ZZ		
		Capacity		2024 DEC 26	لشدوريو دلايم دسو
			<b>E</b>		· ~~
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition of the Administratively dissolve withdrawn limited liability.	ompany ed/voluntarily dissolved/ ity company	PM 2:59	i a i ik em

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