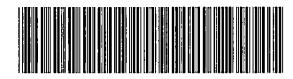
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Office Use Only



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K. Hester 3-18-25

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Lillyair LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000528982 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605,011	5, Florida Statutes, the unders	igned.			
United States Corporation Agents, Inc. Name of Registered Agent			hereby resigns as			
			thereby resigns as			
Registered Agent for L	illyair LLC					
	Name of Lin	nited Liability Company			 '	
	A Suite Cit Elli	med chaomy company				
L23000528982						
Document N	umber, if known					
A copy of this resignati	on was mailed to the :	above listed limited liability co	ompany at its last	t known add	iress	
•		·				
The agency is terminate	ed and the office disco	ntinued on the 31st day after t	he date on which	r this statem	ent is fi	led.
	Crik	Treutlein				
		Signature of Resigning Agent				
If signing on behalf of a	an entity:					
.	Erik Treutlein					
		vped or Printed Name				
	Vice President on beha	If of United States Corporation Age	ents, Inc.			
		Capacity				
				(D)	د ،	
				÷		
	FILING \$ 85.00	FEES: Active limited liability con	anany		٠ <u></u> :	1
	\$ 25.00	 Administratively dissolved 	/ voluntarily diss	solved/	1 RYP 533	
		withdrawn limited liability	company			
				in so		ست. ادرون
	Make checks payal	ole to Florida Department of St	ate and mail to:		EN 9: 5	
		Division of Corporations P.O. Box 6327		m	_	

Tallahassee, FL 32314