

M22000003173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

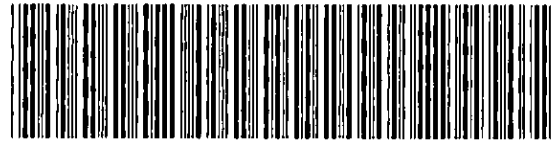
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZINNIA ABA, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Minh Nguyen

(Name of Person)

Zinnia Health LLC

(Firm/Company)

520 Newport Center Dr., Ste. 550

(Address)

Newport Beach, CA 92660

(City/State and Zip Code)

For further information concerning this matter, please call:

Brett Aamodt

(Name of Person)

209

at ( )

600-1811

(Area Code & Daytime Telephone Number)

**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 804  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

2024 NOV -5 PM 2:09  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ZINNIA ABA, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03-01-2022

(Date registered with Florida Department of State)


M22000003173

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
Adam Bhajjee (Oct 23, 2024 04:47 PDT)

(Signature of authorized representative)

Adam Bhajjee

(Typed or printed name of signee)

2024 NOV -5 PM 2:01  
RECORDS  
DEPT. OF STATE  
TALLAHASSEE, FL

FILED

**Filing Fee: \$25.00**





# FL Cancellation Zinnia Aba

Final Audit Report

2024-10-23

Created:	2024-10-16
By:	Brett Aamodt (Brett.Aamodt@ZinniaHealth.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWsSq1WnEj-mCi_lkKdHbouHLm6YBuMlf

## "FL Cancellation Zinnia Aba" History

-  Document created by Brett Aamodt (Brett.Aamodt@ZinniaHealth.com)  
2024-10-16 - 1:39:59 AM GMT
-  Document emailed to Adam Bhaijee (adam.bhaijee@zinniahealth.com) for signature  
2024-10-16 - 1:41:49 AM GMT
-  Email viewed by Adam Bhaijee (adam.bhaijee@zinniahealth.com)  
2024-10-23 - 11:47:06 AM GMT
-  Document e-signed by Adam Bhaijee (adam.bhaijee@zinniahealth.com)  
Signature Date: 2024-10-23 - 11:47:32 AM GMT - Time Source: server
-  Agreement completed.  
2024-10-23 - 11:47:32 AM GMT



Zinnia

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