417000001342

| , - ¹ 3 | (Requestor's Name) | | |
|---|--------------------------|--|--|
| (Address) | | | |
| (Address) | | | |
| <u>.</u> 2. | (City/State/Zip/Phone #) | | |
| PICK-U | P WAIT MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 09/17/2019 | | | |
|--------------------------|----------------------------------|-----------------------|--|--|
| | Joy Weaver | _ | | |
| Reference #: | 1130463 | _ | | |
| Entity Name: | BUNKER SOFTW | ARE ENGINEERS LLC | | |
| ☐ Article | s of Incorporation/Authorization | to Transact Business | | |
| Amendment | | | | |
| Change of Agent | | | | |
| Reinstatement | | | | |
| Conversion | | | | |
| ☐ Merger | | | | |
| ☐ Dissolution/Withdrawal | | | | |
| Fictitious Name | | | | |
| ✓ Other | CANCELLATIO | N OF REGISTERED AGENT | | |
| | | | | |
| Authorized A | mount: \$85.00 | | | |
| Signature: | MUU | | | |

F; 800.944.6607

COVER LETTER

BUNKER SOFTWARE ENGINEERS LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000001342 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: JOSEPH M. HERNANDEZ, ESQ. Name of Person WEISS SEROTA HELFMAN COLE & BIERMAN, P.L. Name of Firm/Company 2525 PONCE DE LEON BOULEVARD, SUITE 700 Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code JHERNANDEZ@WSH-LAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSEPH M. HERNANDEZ 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

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:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115, Florida Statutes, the un | dersigned, |
|---|---------------------------------------|
| WEISS SEROTA HELFMAN COLE & BIERMAN, P.L. | , hereby resigns as |
| Name of Registered Agent | , nereby resigns as |
| Registered Agent for BUNKER SOFTWARE ENGINEERS LL | C |
| Name of Limited Liability Company | - |
| L17000001342 | |
| Document Number, if known | |
| A copy of this resignation was mailed to the above listed limited liabili | ty company at its last known address. |
| The agency is terminated and the office discontinued on the 31st day at Signature of Resigning Agen | ్. బ |
| If signing on behalf of an entity: | |
| JOSEPH M. HERNANDEZ, ESQ. | |
| Typed or Printed Name MEMBER | |
| Cupacity | - <u>.</u> |

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