L17000048455

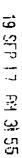
(Requestor's Name)
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Account#: 120000000088

Date:	09/17/2019	
Name:	Joy Weaver	_
	= #: 1130463	<u> </u>
Entity Nar	me: BUNKER DE	VELOPMENT LLC
☐ Arti	icles of Incorporation/Authorization	to Transact Business
Am	nendment	
Cha	ange of Agent	
☐ Rei	instatement	
Co	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
 ✓ Oth	nerCANCELLATIO	ON OF REGISTERED AGENT
Authorized	d Amount: \$85.00	
Signature	:	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT:
	Name of Limited Liability Company
DOC	UMENT NUMBER: L17000042455
The enfor fill	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Please	return all correspondence concerning this matter to the following:
JOSE	EPH M. HERNANDEZ, ESQ.
	Name of Person
WEIS	SS SEROTA HELFMAN COLE & BIERMAN, P.L.
	Name of Firm/Company
2525	PONCE DE LEON BOULEVARD, SUITE 700
	Address
COR	AL GABLES, FLORIDA 33134
	City/State and Zip Code
JHEF	RNANDEZ@WSH-LAW.COM
F.	mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
JOSE	EPH M. HERNANDEZ 305 854-0800
	Name of Person Area Code Daytime Telephone Number
liabilit	sed is a check made payable to the Florida Department of State for \$85.00 for an active limited by company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited by company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.				
WEISS SEROTA HELFMAN COLE & BIERMAN, P.L. hereby resigns as				
Name of Registered Agent	en englis			
Registered Agent for BUNKER DEVELOPMENT LLC				
Name of Limited Liability Company				
L17000042455				
Document Number, if known				
A copy of this resignation was mailed to the above listed limited liability company a	its last known address.			
The agency is terminated and the office discontinued on the 31st day after the date of Signature of Resigning Agent	n which this statement is filed.			
If signing on behalf of an entity:				
JOSÈPH M. HERNANDEZ, ESQ.	· · · · · · · · · · · · · · · · · · ·			
Typed or Printed Name MEMBER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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