(Re	equestor's Name)	
(Ac	ddress)	
(Āc	ddress)	
(Ci	ty/State/Zip/Phone	2 #)
PICK-UP		MAIL
(Bu	usiness Entity Narr	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Bonness Inc.

(Name of Corporation)

DOCUMENT NUMBER: F19249

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen M Bailie

(Name of Person)

Bonness Inc.

(Name of Firm/Company)

1900 Seward Ave

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Bailie

(Name of Person)

at (239)597-6221 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Jeff Janco	hereby resign as Vice President	
· · · · · · · · · · · · · · · · · · ·	(Title)	-
of Bonness Inc.		
	Name of Corporation)	
F19249 (Document Number, if known)		
Florida		
		i =
×	the Fames	
	(Signature of resigning officer/director)	ភ្ \ ភ្

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314