

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6390

From: Account Name : McDONALD HOPKINS CO., PA
Account Number : 120050000183
Phone : (561) 472-7510
Fax Number : (561) 472-2975

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT RESIGNATION
BONAVENTURE 22, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bonaventure 22, LLC
(Name of Corporation)

DOCUMENT NUMBER: L11000128876

The enclosed Resignation of Registered Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Doran

(Name of Person)

McDonald Hopkins

(Name of Firm/Company)

505 E. Flagler Dr, Ste 300

(Address)

W Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Doran

(Name of Person)

at 561 472-2962

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Alan Burger, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Bonaventure 22, LLC

(Name of Corporation)

L11000128876

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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