

L12000108895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

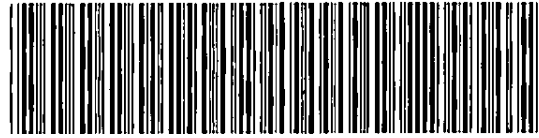
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000405219990

03/23/23--01032--024 **85.00

FILED

2023 MAR 28 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 02 2023
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOSON FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000108895

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:

Hall, Jeffrey D.
Name of Person
BOSON FLORIDA, LLC
Name of Firm/Company
9559 Collins Ave #703
Address
Surfside, FL 33154
City/State and Zip Code
asiddiqui@r3mgmt.com / akhan@r3mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hall, Jeffrey D. at (203) 584-9477
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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 810
Tallahassee, FL 32303

SECRETARIAL
TALLAHASSEE
2023 MAR 28 AM 11:41
FILED

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS OF FLORIDA, LLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for BOSON FLORIDA, LLC
Name of Limited Liability Company

L12000108895
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Charles J. Rennert

Signature of Resigning Agent

If signing on behalf of an entity:

Charles J. Rennert

Typed or Printed Name

Vice-President

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR 28 AM 11:41

FILED