

L12000108895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

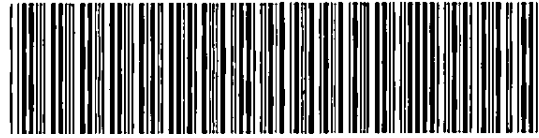
(Business Entity Name)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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