# L13000152765

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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: BOUNTY LANE HOLDINGS, LLC	
Name of Limited L	iability Company
DOCUMENT NUMBER: L13000152765	
The enclosed Resignation of Registered Agent for a lor filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this mat	ter to the following:
Gisel M. Portogues	
Name of Person	_ <del></del>
Perlman, Bajandas, Yevoli & Albright, P.L.	
Name of Firm/Company	
283 Catalonia Ave, Suite 200	
Address	<del></del>
Coral Gables, FL 33134	
City/State and Zip Code	<del></del>
Judges 2@ me.com	<del></del>
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, pleas	e call:
Gisel M. Portogues 305 at (	370-3284
Name of Person Are	a 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions o	f section 605.0115, Florida S	tatutes, the undersigned,		
PBYA CORPORATE SERVI	CES, LLC	, hereby resig	ns as	
Nar	ne of Registered Agent			
Registered Agent for BOUN	TY LANE HOLDINGS, LLC		· · · · · · · · · · · · · · · · · · ·	
	Name of Limited Liability	Company	<del></del>	·
L13000152765				
Document Numbe	r, if known			
A copy of this resignation w	as mailed to the above listed	limited liability company at its	s last known add	dress.
If signing on behalf of an er	Signaldre o	the 3)st day after the date on w		
Ric	cardo Bajandas		AH.	
Ma	Typed or Printe	ed Name	ASSE ASSE	۵
	Capacity		FLORIDA	PH 3: 35
	FILING FEES: \$ 85.00 Active li \$ 25.00 Adminis withdray	mited liability company tratively dissolved/ voluntarily wn limited liability company	dissolved/	

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