L14000001023

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	<u></u>
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doct	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SECRETARY OF SIGNED ON SIGNED STATES

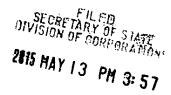
20 Ambr (10 \$1/15

COVER LETTER

Division of Corporations		
SUBJECT: BOSKY LLC (Name of Limited Liability Comp.		
/ (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Kelsey Dunn		
(Contact Person)		
Kelsey Dunn (Contact Person) Bosky UC (Firm/Company)		
(Firm/Company)		
747 N Halifax Ave		
(Address)		
Dayfona Beach Fi 32/18 (City/State and Zip Code)		
/ (City/State and Zip Code)		
For further information concerning this matter, please call:		
Kelsey Junn at (386) (Name of Contact Person) (Area Code &	214 6842	
(Name of Contact Person) (Area Code &	Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	
	Division of Corporations	
	P.O. Box 6327	
	allahassee, Florida 32314	
Tallahassee, Florida 32301		

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Bosky LLC
2. The Florida document/registration number assigned to this limited liability company is:
124000067623
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{4-28-15}{}$
4. I, Mallory D Kennedy, hereby withdraw/resign as a (Print Name of Person Resigning)
<u>owner</u>
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)
j