# L17 U000 42428

(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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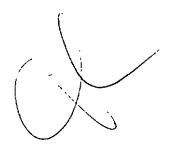


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2022 JUL 18 PM 3: 51



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: BOKART LABS LLC (Name of Corporation)	
DOCUMENT NUMBER: L17000042428	
The enclosed Resignation of Registered Agent for a Corporation and fee ar	e submitted for filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	2022 JUL 18 PH 3: 51
(Address)	JUL 18 PH
OSPREY, FL 3Y29 (City/State and Zip Code)	
For further information concerning this matter, please call:	· <u>· · · · · · · · · · · · · · · · · · </u>
at ()	ephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CEOAGE SCUE
(Name of Registered Agent)
hereby resigns as Registered Agent for BOGANT LABS LCC (Name of Corporation)
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Signature of Resigning Agent)  If signing on behalf of an entity:  (Typed or Printed Name)
<del>5</del> <b>5</b>
(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