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Resignation

MAR 1 9 2020 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Bones Investment Group, LI	LC		
	(Name of Limited Liability Company)			
The e	nclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to:		
Brya	n W Sykes, Esq.		_	
	(Contact Person)	-		
Merio	dian Partners			
	(Firm/Company)	· -	_	
4923	W. Cypress Street		_	
	(Address)			
Tam	pa, FL 33607			
	(City/State and Zip Code)		_	
For fi	orther information concerning this matter	er, please call:		
Teal	Henderson	813	235-5812	
	(Name of Contact Person)		e & Daytime Telephone Number)	
	sed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	tration Section ion of Corporations		Registration Section Division of Corporations	
Clifto	on Building		P.O. Box 6327	
-	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



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

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as it appears on the is	records of the Florida Department
2. The Florida docur L18000156004	ment/registration number assigned to this limi	ted liability company is:
3. The date this men	nber/manager withdrew/resigned or will with	draw/resign is: 8/1/19 /2/17/2020
4. I. Skyler Fulton	hereby with	draw/resion as a
(Print Na	me of Person Resigning) , hereby with	8/1/19 Date Member
	Print Title)	8/1/19 Date Member Withrew from LLC.
of this limited liab resignation in writ	ility company and affirm the limited liability ing.	2/17/2020 - Date His form was discovered
Smit	<u> </u>	x + y + y + y + y + y + y + y + y + y +
Signature of Dis	sociating Member or Resigning Manager	been Sent in w/
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	been Sent in w/ payment. Sorry Jerlenduson-Mgs.