

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L19000187992

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((H24000200527 3)))



H240002005273ABCW

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN - 7 PM 4:53

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2024 JUN - 7 PM 12:47

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FL 32310

**LLC REGISTERED AGENT RESIGNATION
BOSTON FLAVOR COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

COVER LETTER

((H24000200527 3))

TO: Registration Section
Division of Corporations

SUBJECT: BOSTON FLAVOR COMPANY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L19000187992

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:

Karen Gibson
Name of Person

InCorp Services, Inc.
Name of Firm/Company

9107 W Russell Rd Ste 100
Address

Las Vegas, NV 89148
City/State and Zip Code

documents@incorp.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gibson for InCorp Services, Inc. at (702) 866-2500
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

24 JUN -7 PM 4:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc. _____ hereby resigns as
Name of Registered Agent

Registered Agent for _____
BOSTON FLAVOR COMPANY, LLC
Name of Limited Liability Company

L19000187992
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.


Signature of Resigning Agent

If signing on behalf of an entity:

Karen Gibson for InCorp Services, Inc.
Typed or Printed Name
Authorized Representative
Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUN - 7 PM 4: 53

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

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