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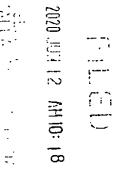
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



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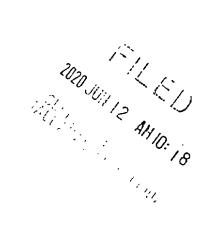
JUL 0 1 2020

COVER LETTER

TO:	_	stration Section sion of Corporations		
		·		
SUBJ	JECT:	BONKERZONE LLC		
		(Name of Lin	ited Liability Cor	mpany)
The e	nclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	e returr	all correspondence concerning	this matter to:	
ANGE	EL MAR	RERO		
		(Contact Person)		_
BONK	ERZON	NE LLC		
		(Firm/Company)		-
2015 S	SW 83 C	COURT		
		(Address)		-
MIAM	11, FL. 3	3155		
	•	(City/State and Zip Code)	<u> </u>	_
For fu	irther i	nformation concerning this matt	er, please call:	
ANGE	EL MAR	RERO	787 at (299-5087
	(N	lame of Contact Person)		& Daytime Telephone Number)
Enclo	sed plo	ease find a check made payable t	to the Florida I	Department of State for:
= \$2	5 Filin	g Fee	□ \$55 Filing	g Fee & Certified Copy
		ng Address: stration Section		Street Address: Registration Section
	_	sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
		thassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tallahassee, FL 32303

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 Depart	
of State is:	
2. The Florida document/registration number assigned to this limited liability company is: L19000227731	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/11/2019	
4. I, JUAN P SIERRA , hereby withdraw/resign as a (Print Name of Person Resigning)	_
MGR	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified o resignation in writing.	my
Signature of Dissociating Member or Resigning Manager	
2-18-January 1-12 Manaraming Memory of Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	