LZ0000201595

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COVER LETTER

TO:	: Registration Section Division of Corporations	
CHD	Boni Improvements, LLC BJECT:	
SUD	Name of Limited Liability Company	
DOC	CUMENT NUMBER: L20000201595	
The e	e enclosed Resignation of Registered Agent for a Limited Liability C filing.	Company and fee are submitted
Pleas	ase return all correspondence concerning this matter to the following	;
Brand	ndy O'Dell	
	Name of Person	
кко	OS Lawyers	
	Name of Firm/Company	
1883	3 W Royal Hunte Dr. Suite 200	
	Address	
Ceda	dar City, UT 84720	
	City/State and Zip Code	
brand	ndy@kkoslawyers.com	
	E-mail address: (to be used for future annual report notification)	
For f	r further information concerning this matter, please call:	
Branc	Name of Person at (435 586-9366 en Area Code Daytime 7	
	Name of Person Area Code Daytime	clephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sectio	n 605.0115,	Florida Statutes, the under	rsigned,			
Registered Agent Solutions, Inc. hereby			, hereby resigns as			
Name of Registered Agent						
Registered Agent for Boni Improve	ments, LLC					_
<u> </u>		ed Liability Company			···	_,
L20000201595						
Document Number, if know	wn					
A copy of this resignation was mai	led to the at	pove listed limited liability	company at its last	known	address	; .
The agency is terminated and the o	office discon	tinued on the 31st day afte	r the date on which	this sta	tement	is filed.
Bra	ndy	Signature of Resigning Agent				
If signing on behalf of an entity:						
Brandy O	'Dell				202	
	•	ped or Printed Name			2022 ATJG 3.0	- ;-1
Authorize	d Signer			.	ယ	
		Capacity				* +7
	FILING 1	FFFQ.		.'	AM IO: O	
	\$ 85.00 \$ 25.00	Active limited liability c Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily dis ity company	solved/	=	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314