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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Octanical copies                        |
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| Special Instructions to Filing Officer: |
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Office Use Only



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#### COVER LETTER

SUBJECT: Boho Hearts LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000170904 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision                     | ns of section 605.011          | 5. Florida Statutes, the unde   | rsigned,               |                |                            |         |
|---|--------------------------------|---|------------------------|----------------|----------------------------|---------|
| United States Corp                            | _ , hereby resigns as          |   |                        |                |                            |         |
|   |                                |   |                        |                |                            |         |
| Registered Agent for B                        | oho Hearts LLC                 |   | ·                      |                |                            |         |
|   | Name of Lin                    | nited Liability Company   |                        | <u>-</u>       |                            |         |
| L21000170904                                  |                                |   |                        |                |                            |         |
| Document Nu                                   | ımber, if known                | <del> </del>  |                        |                |                            |         |
| A copy of this resignation                    | on was mailed to the a         | above listed limited liability  | company at its last k  | nown ac        | ldress.                    |         |
| The agency is terminated                      | d and the office disco         | ontinued on the 31st day afte   | r the date on which th | nis state      | ment is                    | filed.  |
| If signing on behalf of an entity:            |                                |   |                        |                | 202                        |         |
| Cheyenne Moseley                              |                                |   |                        |                | 3 AP                       | آل<br>م |
|   | 1                              |   | -<br>                  | <del>7</del> 2 | <del>دوس</del> ت.<br>دوست. |         |
| Asst. Secretary for United States Corporation |                                |   | ents, Inc.             | 57.<br>CO      | 0                          | T-32    |
|   |                                | Capacity  |                        |                | 2023 APR 10 AH 10: 30      |         |
|   | FILING<br>\$ 85.00<br>\$ 25.00 | FEES: Active limited liability co Administratively dissolve withdrawn limited liabili | ed/ voluntarily dissol | ved/           |                            |         |

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