

L21000328516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

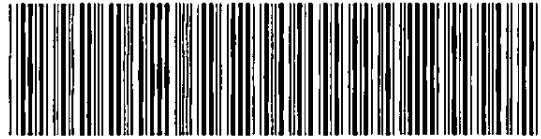
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5716 Corsa Ave Suite 110  
Westlake Village, CA 91362

Phone: (818) 264-4266  
Toll-Free: (888) 366-9552  
Fax: (877) 366-9552  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

October 7, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Registered Agent Resignation and filing fee for Bohdi Tree LLC.

Check #: 5392

Check Amount: \$25.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC  
Attn: Processing  
5716 Corsa Ave. Suite 110  
Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing  
[Processing@domylc.com](mailto:Processing@domylc.com)  
[www.DoMyLLC.com](http://www.DoMyLLC.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bohdi Tree LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 1.21000328516

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:

Steven Pickett

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Name of Person

DoMyLLC

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Name of Firm/Company

5716 Corsa Ave Suite 110  
Address

Westlake Village, CA 91362

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City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Pickett at ( 888 ) 366-9552

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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 section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Bohdi Tree LLC \_\_\_\_\_

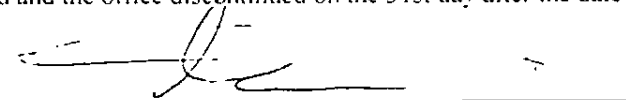
\_\_\_\_\_  
Name of Limited Liability Company

L21000328516 \_\_\_\_\_

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:

Steven Pickett \_\_\_\_\_

Typed or Printed Name

Assistant Secretary \_\_\_\_\_

Capacity

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TALLAHASSEE, FLORIDA

### **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