Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

್Email Address:__

LLC REGISTERED AGENT RESIGNATION BOSSMAN JUNIOR, LLC

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JIJL 24 2024

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COVER LETTER

TO: Registration Section Division of Corporations	
Bossman Junior, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M14000007554	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
Erika Easter	
Name of Person	
eResidentAgent, Inc.	
Name of Firm/Company	
228 Park Ave S, PMB 50845	
Address	
New York, NY 10003-1502	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (820-1000
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

eResidentAgent, Inc.	·
Name of Registered Agent	, hereby resigns as
Registered Agent for Bossman Junior, LLC	417-34-34
Name of Limited Liabil	lity Company
M14000007554	
Document Number, if known	
A copy of this resignation was mailed to the above list	ted limited liability company at its last known address.
Signature of R	tesigning Agent)
If signing on behalf of an entity:	-: 2 8
Jeffrey A Unger	
Typed or Pri President	2024 JUL 23 FILL A PP RUL 23 FILL 25 FILL 26 FILL 27 FILL 28
Capacit	AH 10: 23
FILING FEES: \$ 85.00 Active \$ 25.00 Admin	limited liability company histratively dissolved/

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

withdrawn limited liability company