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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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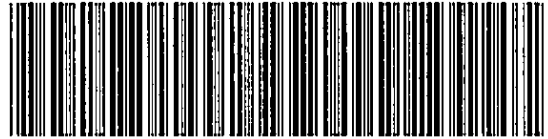
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bono Warehouses, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** ML8000001657

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:

Arthur Buonamia  
Name of Person

BONO Warehouses, LLC  
Name of Firm/Company

11826 78th AVE. N.W.  
Address

TULALIP, WA. 98271  
City/State and Zip Code

ZHUKHOV(A)GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Buonamia at ( 360 ) 348-3760  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Gary W. Pollack Esq., hereby resigns as  
Name of Registered Agent

Registered Agent for Bono Warehouses, LLC

Name of Limited Liability Company

M18000001657  
Document Number, if known

2021 JAN 29 AM 10:11  
FILED

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.

Gary W. Pollack 1/25/21  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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