P1500000000983

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



900280060559

01/07/16--01010--011 **87.50



RARES

JAN 11 2015 I ALBRITTON

COVER LETTER

Division of Corporations
SUBJECT: BONE YARD TOYS INC.
(Ivanic of Corporation)
DOCUMENT NUMBER: P 1500000 983
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT REIMER (Name of Person)
BONEYARD TOYS INC. (Name of Firm/Company)
1116 NE 12TH AVE (Address)
FORT LAUDER DAIF. FL 33304 (City/State and Zip Code)
For further information concerning this matter, please call:
POB REIMER at (323) 496-8805 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporati or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60		•	509,
Florida Statutes, the undersigned,	ROBERT REIM		
•	(Name of Registere	d Agent)	
hereby resigns as Registered Agent for _	BONEYARD		1 NC.
	(Name of Corpor	ation)	
P15000000983	<u>) </u>		
(Document Number, if known)			
A copy of this resignation was mailed to	the above listed corporation	at its last know	n address.
The agency is terminated and the office	discontinued on the 31st day	after the date o	n which
this statement is filed.	_		
Pent	Peri		
(Sig	gnature of Resigning Agent)		
If signing on behalf of an entity:			SECRETARIO
	Y DRD TOYS IN		
(Typed or Printed Name)	50	
		Ţ	2 2 一
250	ISTED AUE	UT	PH 2: 03
	(Capacity)		TO TO

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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