

**71900046828**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : RASI  
Account Number : I20220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
BONEE CORP**

Certificate of Status	0
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TALLAHASSEE, FL

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MAR 16 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BONEE CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000046828

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:

TRACEE COTTON  
(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
(Name of Firm/Company)

100 WALL STREET, SUITE 503  
(Address)

NEW YORK, NY 10005  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON at ( 800 ) 221-2972 X1550  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for BONEE CORP

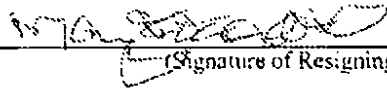
(Name of Corporation)

P19000046828

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

MARY BROOKS

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

**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

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