

P96000061418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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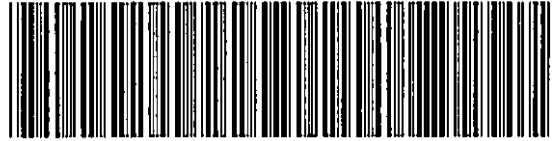
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUKKEHAVE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000061418

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN HAAR
(Name of Person)

BUKKEHAVE, INC.
(Name of Firm/Company)

1850 ELLER DRIVE, SUITE 402
(Address)

FORT LAUDERDALE, FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

VALCIRIA SILVA at (954) 525-9788
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, VALCIRIA SILVA, hereby resign as Secretary
(Title)

of BUKKEHAVE, INC.
(Name of Corporation)

P96000061418, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

OFFICE OF STATE
TALLAHASSEE, FL

2021 JAN -4 PM 2:05

LED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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