LD60000 81726

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: The Comic Box, LLC	
(Name of Limite	d Liability Company)
DOCUMENT NUMBER: L06000081726	
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this m	natter to the following:
Sandra Martin	
(Name of Person)	
The Comic Box, LLC	
(Name of Firm/Company)	Security of the second delication of the Control of
7410 Key Colony Ave #2014	
(Address)	
Winter Park, FL 32792	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Sandra Martin at (321 276-4752 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	Department of State for \$85.00 for an active limited by dissolved, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Addr Amendment Division of Corporations P.O. Box 6327 Tallahassee, Tallahassee,	Section Corporations es Street

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

			24
Pursuant to the provis	ions of section 608.416(2) or 608.509, F	lorida Statutes, the undersigned,	OT APR 16
Joseph P. Cammisa		, hereby resigns as	18.50
	(Name of Registered Agent)	,	
Registered Agent for	The Comic Box, LLC		AMIO: 16
	(Name of Limited Liability Comp	pany)	ATE A
L06000081726			
(Document N	umber, if known)		
A copy of this resigna	ition was mailed to the above listed limit	ed liability company at its last knov	vn address.
The agency is termina	ated and the office discontinued on the 31	st day after the date on which this	statement is filed.
	(Signature of Resigning A	Agent)	
If signing on behalf o	an entity:		
	Joseph Cam	misa	
	(Typed or Printed Nar	ne)	
	Managing Me	imber	

(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 \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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