

**2608 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000066751**

1. Entity Name  
**BOX HOLDINGS GRUPO, LLC**



Principal Place of Business  
**1007 CHURCH STREET, STE. 309  
EVANSTON, IL 60201**

Mailing Address  
**1007 CHURCH STREET, STE. 309  
EVANSTON, IL 60201**



01282008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3106269**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000819355

02/15/08-80090-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BOX, MURRAY L  
1007 CHURCH STREET, STE. 309  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BOX, JOHN R  
1007 CHURCH STREET, STE. 309  
EVANSTON, IL 60201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

02/12/08-80002-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: Murray L. Box**

**01/29/2008**

**847/864-1313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #