## 100000074733

. (Re	equestor's Name)	
(Ac	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
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D. BRUCE

DEC 11 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: BOX EXPRESS SERVICE	ES, LLC
	Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning the	is matter to:
Luben Zagovalov	
(Contact Person)	
BOX EXPRESS SERVICES, LLC	O9 D
(Firm/Company)	HAN
326 SW 17TH AVE UNIT A	C 10 PH 12: 32 TARY OF STATE ASSEE, FLORID
(Address)	F S IN
MIAMI, FL 33135	: 32 RIDA
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Luben Zagovalov	at (786) 470-2001
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	. aacce, . ioi.aa ozo

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i X EXPRESS SERVIC		of the Flor	rida Dep	artme	ent 
2. This limited liab	pility company was organized	under the laws of:		VALLAHAS	090EC	
3. The Florida doc L06000074	ument/registration number of	this limited liability con	npany is:	RY OF STAT	O PHIZE	LED
4. I, CARLOS	SAVORY Name of Person Resigning)	, hereby resign as a	MGRM	Drri int Title)	3 <b>2</b>	
·	bility company and affirm the	e limited liability compa	,	,	d of n	ny
Signature of Res	igning Member, Managing M	ember or Manager	······			
Filing Fee:	\$25.00 (Required)					

Certified Copy:

\$30.00 (Optional)