

LO70000000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

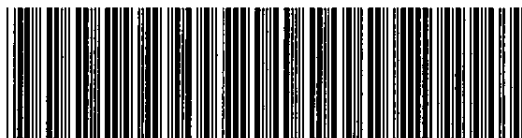
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 JAN 10 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A. Resignation

TB

1-14-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOME IN A BOX, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LOT 000000240

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL A. BLACKSTONE  
(Name of Person)

HOME IN A BOX LLC  
(Name of Firm/Company)

19 Broadview  
(Address)

QUAKER HILL, CT 06375  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARL A. BLACKSTONE at (860) 442-6128  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GARCIA LAW OFFICES, PA

(Name of Registered Agent)

Registered Agent for

HOME IN A BOX, LLC

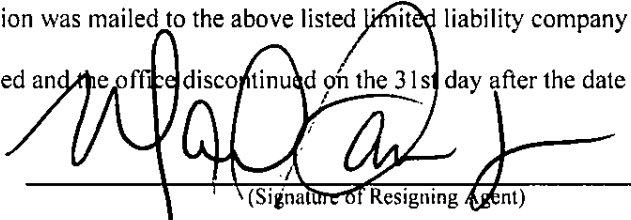
(Name of Limited Liability Company)

LD7000000 240

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

MARIO GARCIA, JR.

(Typed or Printed Name)

MANAGING PARTNER, ATTORNEY-AT-LAW

(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

FILED  
2008 JAN 10 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA