L07000034372

(Re	equestor's Name)			
(Ad	ldress)	.		
(Ad	dress)	<u> </u>		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
		•		
(Business Entity Name)				
(D-				
	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	g cco			

Office Use Only



200114512992

01/18/08--01028--014 **30.00

2008 JAN 22 A II: 29
SECRETARY OF STATE

A. LUNT

JAN 23 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: My box, LLC (Name of Limited L.	(ability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this r	matter to:
Cindy Barbara (Contact Person)	
Alvarez, Almazan + Barbar (Firm/Company) 2701 S. Bayshore Dr. # G. (Address)	ra Ze Ze
2701 S. Bayshore Dr. #6	DB JAN 22 / SECRETARY OLLAHASSEE.
Hiami, Pt 33133 (City/State and Zip Code)	A II: 29 OF STATE E, FLORID
For further information concerning this matter, ple	ease call:
Cindy Barbara at (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as it ap	pears on the records	of the following Department
2. This limited liabil Florida	ity company was organized und	er the laws of:	LED 22 A II: 29 ASSEE, FLORIDA
3. The Florida docur L070000343	ment/registration number of this 372	limited liability con	npany is:
4. I, JSO Enterp		, hereby resign as a	MGRM
	me of Person Resigning) ility company and affirm the lim ing.	ited liability compar	(Print Title) ny has been notified of my
Signature of Resig	ning Member, Managing Memb	Oliveira (Presider or Manager	tent of JSO Enterprises, Inc.)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		