

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
BOOMBOXXX LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

2019 FEB 19 PM 3:25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UHS
2-20-19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boomboxxx LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000046723

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:

Salaam Remi Gibbs

Name of Person

Name of Firm/Company

10960 Wilshire Blvd Fl 5

Address

Los Angeles, CA 90024

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Easter

Name of Person

at (310)

Area Code

820-1000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

eResidentAgent, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Boomboxxx LLC

Name of Limited Liability Company

L08000046723

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:

Erika Easter

Typed or Printed Name

Authorized Person

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

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