

07/16/2015 TH 16:51 FAX

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**L11000047017**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.  
Account Number : I20040000167  
Phone : (305)377-0809  
Fax Number : (305)377-0781

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

Email Address: emilio@voxxie.com

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
LA VOX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 16 AM 7:29

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Corporate Filing Menu JUL 17 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** La Vox, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000047018

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:

Jason Perlman

Name of Person

Perlman, Bajandas, Yevoli & Albright, P.L.

Name of Firm/Company

200 S Andrews Avenue, Suite 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

emilio@voxxie.com

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

For further information concerning this matter, please call:

Jason Perlman

Name of Person

at (

954

) Area Code

566-7117

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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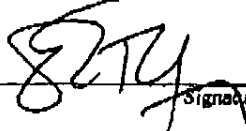
**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

**PBYA Corporate Services, LLC**\_\_\_\_\_, hereby resigns as  
Name of Registered AgentRegistered Agent for **La Vox, LLC**\_\_\_\_\_  
Name of Limited Liability Company**L11000047018**\_\_\_\_\_  
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:

**Edward T. Yevoli**\_\_\_\_\_  
Typed or Printed Name**Manager**\_\_\_\_\_  
Capacity**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability companyMake checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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