112000134940

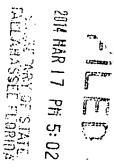
(Red	questor's Name)					
(Add	dress)					
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(City	//State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
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Certified Copies	Certificates	s of Status				
Special Instructions to I	Filing Officer:					





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WAR'18 20M D. BRUCE

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: Training Box TV LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Josh Gibson (Contact Person)	
(Contact Person)	
Training Box TV LLC (Firm/Company)	
(Firm/Company)	
9033 Frank Rd.	
(Address)	
Ft. Myers, FL 33967 (City/State and Zip Code)	
The state of the s	CORP.
For further information concerning this matter, please call:	ecus Terres
Michael Taylor (Name of Contact Person) at (239) 405 1770 35 57	AU er
(Name of Contact Person) (Area Code & Daytime Telephone Number)	agreement of
Enclosed please find a check made payable to the Florida Department of State for:	
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations / Division of Corporations/	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company	y as it app	ears on the	records of the F	lorida D	epartm	nent	
of State is:	Taining Box	TV	LLC				<u>_</u> .	
2. The Florida doc	ument/registration number	r assigne	d to this lim	ited liability cor	mpany is	:		
L1200	00136960							
3. The date this me	ember/manager withdrew	resigned	or will with	draw/resign is:	Mar	ch	12, 2	014
4. I, Michael (Print N	el Taylor Jame of Person Resigning)	,	hereby with	draw/resign as	a			
Managin	Member (Print Title)	_•						
of this limited lia resignation in wr	bility company and affirm iting.	n the limit	ed liability	company has be	MASSE!	R 17		
Signature of D	issociating Member or Re	esigning N	1anager	<u> </u>	OF STATE	PH 5: 02	THE REAL PROPERTY.	e
Filing Fee:	\$25.00 (Required)				(>·			
Certified Copy:	\$30.00 (Optional)							