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B. BOSTICK
MAR 1 9 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Training Box T (Name of Limited Liability)	V. LLC y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to:
(Contact Person)	Gipsou
Training Box TV L	LC
9633 Frank Rd.	
9633 Frank Rd. (Address) Fort Myers FL, 3 (City/State and Zip Code)	33967
For further information concerning this matter, please	call:
(Name of Contact Person) (Name of Local Person) (Area of Epclosed please find a check made payable to the Flori	S9 230-8498 Code & Daytime Telephone Number)
•	ida Department of State for: 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 (2/14)



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 co	ompany as it	appears on th	e records of the	e Florida Department
of State is:	Training	Box	TV	LLC	
2. The Florida docu	ument/registration	number assi	gned to this li	mited liability	company is:
L120	00136960				
3. The date this me	mber/manager wit	hdrew/resign	ned or will wi	ithdraw/resign i	s: 3/12/14
4. I, <u>Luc</u>	as Toyl	U (, hereby w	ithdraw/resign	as a
Managin	Men Der (Print Title)	····································			
of this limited lia resignation in wr	• •	i affirm the	limited liabili	ty company has	been notified of my
1/					
Signature of Di	issociating Member	r or Resigni	ng Manager		Kn Un 114
	-				
Filing Fee:					3
Certified Copy:	\$30.00 (Option	nai)			