U17 000 108566

(Requestor's Name)
(Address)
(Address)
(is a set of
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Doouthert Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100288470921

08/01/16--01007--014 **25.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: BOBSBOX, LLC.		
****	mited Liability Company)	
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
John Yudin		
(Contact Person)		
Guy Yudin & Foster, LLP.		TALLI
(Firm/Company)		AUG -
55 SE Ocean Blvd.		SEE, F
(Address)		PN 2:
Stuart, FL 34994		30 15A
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
John Yudin	772 286-7372	
(Name of Contact Person)	(Area Code & Daytime Telephone Numb	oer)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\Bigsireq \\$55 \text{Filing Fee & Certified Copy}\$	·
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4



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)

of State is: BOBSBOX, LLC. 2. The Florida document/registration number assigned to this limited liability co	ampany is:
L13000108566	этрану 18.
The date this member/manager withdrew/resigned or will withdraw/resign is:	7/25/2016
Robert J. Schilling, hereby withdraw/resign as, hereby withdraw/resign as,	
(Print Name of Person Resigning) MGRM and member	
(Print Title)	
of this limited liability company and affirm the limited liability company has be resignation in writing.	oeen notified of my
Signature of Dissociating Member or Resigning Manager	St: 6
	AU CRET

G AUG -1 PM 2: 30 ECRETARY OF STATE