

216000211123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
DEC 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Order Bloom Box, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1600021123

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:

Elisa Filoramo
Name of Person

Order Bloom Box
Name of Firm/Company

10759 Canyon Bay Lane
Address

Boynton Beach, FL 33473
City/State and Zip Code

elisafiloramo@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisa Filoramo at (561) 573-3462
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

InCorp Services, Inc.

Name of Registered Agent

Registered Agent for

Order Bloom Box, LLC

Name of Limited Liability Company

L16000211123

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.

Karen Gibson

Signature of Resigning Agent

If signing on behalf of an entity:

Karen Gibson for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

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withdrawn limited liability company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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