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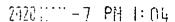
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COVER LETTER

	Registration Section Division of Corporations		
	EBOX IMPORT EXPORT, LLC		
SUBJE		ted Liability Con	npany)
The enc	losed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning t	his matter to:	
CRISTIA	NE SACRAMENTO		
	(Contact Person)	_	-
EBOX IN	IPORT EXPORT LLC		
	(Firm/Company)		-
3430 AL	BA WAY		
	(Address)		-
DEERFI	ELD BEACH, FL 33442		
	(City/State and Zip Code)		-
For furt	her information concerning this matte	er, please call:	
CRISTIA	NE	561 at (563-1234
	(Name of Contact Person)		& Daytime Telephone Number)
	d please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

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)

	limited liability company as it appears on the records of the Florida Department IMPORT EXPORT LLC
2. The Florida docu L18000120070	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
VAVIED A ALV	
MANAGER	
	(Print Title)
of this limited lia resignation in w	pility company and affirm the limited liability company has been notified of my ding.
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)