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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOX OF HONEY LLC  
(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:

JESSE M. GEORGE

(Contact Person)

BOX OF HONEY LLC

(Firm/Company)

P.O. BOX #770023

(Address)

WINTER GARDEN, FL 34777

(City/State and Zip Code)

For further information concerning this matter, please call:

JESSE M. GEORGE

(Name of Contact Person)

at ( 917 ) 499-7627

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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 32314

FILED  
18 MAR -2 PM 6:49  
TALLAHASSEE, FLORIDA



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 as it appears on the records of the Florida Department of State is: JESSE M. GEORGE

2. The Florida document/registration number assigned to this limited liability company is:  
L18000161307

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 31, 2018

4. I, JACOB M. GEORGE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jacob George

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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18 AUG -2 PM 6:43  
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