122000204227

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

Office Use Only



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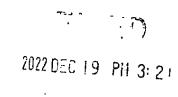
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: SUCCULENT & BOX PLUGS, L		
	(Name of L	imited Liability Co	ompany)
The e	nclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to):
Desting	y Gibbons		
	(Contact Person)		
Succul	ent & Box Plugs, LLC		
~	(Firm/Company)	-	-
5814 E	lder Dr		
	(Address)		_
West P	Palm Beach , FL 33415		
	(City/State and Zip Code)		_
For fu	orther information concerning this ma	itter, please call	l:
Destiny	y Gibbons	561 at (236-2292
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclos	sed please find a check made payable	e to the Florida	Department of State for:
= \$2:	5 Filing Fee	□ \$55 Filir	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	14114143500, 1 1 32311		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)

1. The name of the	limited liability company as	s it appears on the records of the Florida Department
of State is:	CULENT & BOX PLUGS, LLC	
2. The Florida doc L22000204227	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, Matthew Gibbon	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
4		
Signature of D	issociating Member or Resig	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	