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COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	PADEL BOX LLC			
., ., ., ., ., .	(Name of Limited Liability Co	impany)	_	
The enclosed	I member, resignation or dissociation and fee((s) are submitted for filing.		
Please return	all correspondence concerning this matter to	:		
Carola Olses				
	(Contact Person)	_		
Cales W LLC				
	(Firm/Company)	_		
1025 E Hallandale Beach Bly Ste 15 # 921		SEC TA	2023	
	(Address)	- LREI	1023 DEC 22	***
Hallandale Bea	ach Fl 33099	도 전 건 건 건 건 건 건 건 건 건 건 건 子		; -1.
	(City/State and Zip Code)	— ::::::::::::::::::::::::::::::::::::		
For further in	nformation concerning this matter, please call		1: 16	7 -41
Carola Olses	786	5699706		
(N	at (at (at Cod	e & Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	ase find a check made payable to the Florida g Fee	Department of State for: ng Fee & Certified Copy		
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810	



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 a	s it appears on the records of th	ne Florida I	Department
of State is:	Box LLC		3.5	າດ
2. The Florida doc L23000123473	ument/registration number a	assigned to this limited liability	COMPARY (
4. I,	·	signed or will withdraw/resign, hereby withdraw/resign		¥2023
(Print N Member/Manager	lame of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wr		he limited liability company ha	is been noti	fied of my
Signature of D	issociating Member or Resig	gning Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			