M03000002874

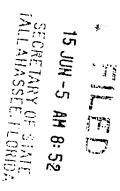
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of	Status
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Consideration to Filling Officer	
Special Instructions to Filing Officer:	
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Office Use Only



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May 27, 2015

RE:	CORRECTIONAL MEDICAL MANAGEMENT, LLC	(DE. DOM.)
	EBOX WEB GROUP, LLC	(FL. DOM.)
	MG BROWN COMPANY, LLC	(FL. DOM.)
	SAN FELIPE ENTERPRISES, LLC	(FL. DOM.)
	SANGARI USA LLC	(DE. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is 1 check in the amount of \$125.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

TA/hm Enclosure

National Registered Agents, Inc.

111 Eighth Avenue 13th Floor New York, NY 10011

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	CORRECTIONAL MEDICAL N	MANAGEMENT, LL	.C (DE. DOM.)
	Name o	f Limited Liability	Company
DOCUMENT	NUMBER: M03000002834		
The enclosed R for filing.	esignation of Registered Ag	gent for a Limited	Liability Company and fee are submitted
Please return al	l correspondence concernin	g this matter to th	ne following:
THERESA ALFIE			
	Name of Person		
NRAI SERVICES	, INC.		
	Name of Firm/Company		
111 EIGHTH AV	ENUE 13TH FLOOR		
	Address		
NEW YORK, NY			
	City/State and Zip Code		
	Volterskluwer.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further info	rmation concerning this ma	tter, please call:	
THERESA ALFIE	 -	at (Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the	e undersigned,		
NRAI Services, Inc.		, hereby resigns as		
	Name of Registered Agent			
Registered Agent for	CORRECTIONAL MEDICAL MANAGEME	NT, LLC (DE. DOM.)		
	Name of Limited Liability Company			
M03000002834				
Document :	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited lia	ability company at its last known addr	ess.	
The agency is termina	ted and the office discontinued on the 31st da	y after the date on which this stateme	ent is filed	
	NRAI Services, Inc.			
	By: Signature of Resigning A	Agent Agent	15 վ	
If signing on behalf of	an entity:	HASS	1	SAME AT
	NRAI SERVICES INC Theresa	Alfieri	₹ !	7
	Typed or Printed Name		-	reens T
	Assistant Secretary		ි ස	فيمهد.
	Capacity		55	

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

INHS17 (12/13)