AGENCY NAME & ADDRESS		CUSTOMER BOX NUMBER (if applicable)	
	Florida		
<b>RETENTION SCHEDULE NUMBER:</b>	ITEM NUMBER:	FROM DATE:	/ / mm dd yyyy
RECORD SERIES TITLE:		TO DATE:	mm dd yyyy /// mm dd yyyy
DESCRIPTION OF RECORDS (When describing records, avoid vague terms such as "Miscellaneous." If describing a person's files, include the person's title.			
For example, rather than saying "Bob Smith's Files," use "Director of Marketing Bob Smith's Promotion Planning Files" instead. Make a note of the range of records in the box for future reference.)			
STATE OF FLORIDA			
DEPARTMENT OF STATE Division of Library and			
Information Services Form LS5E200 R 09-2004	Records Storage Box Label		
AGENCY NAME & ADDRESS		CUSTOMER BOX NUMBER (if applicable)	
Florida			
RETENTION SCHEDULE NUMBER:	ITEM NUMBER:	FROM DATE:	/ /
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Florida			
RETENTION SCHEDULE NUMBER:	ITEM NUMBER:	FROM DATE:	/ /
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			mm dd yyyy
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STATE OF FLORIDA DEPARTMENT OF STATE			
Division of Library and Information Services			
Form LS5E200 R 09-2004	Records S	torage Box Label	