Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20130000072 Phone

: (305)820-3200

Fax Number

: (305)820-2998

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **2SFL EXPRESS LLC**

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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 Departme
of State is: 2SF	L EXPRESS LLC
2. The Florida doc L1900019013	Iment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, YADIER SAI	NCHEZ, hereby withdraw/resign as a
(Print A	ame of Person Resigning)
MANAGER	
<u> </u>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of mitting.
Banc	de3
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

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