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(Re	equestor's Name)		
(Ac	ldress)		
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(Cit	ty/State/Zip/Phone	±#)	
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06 SEP 11 PM 2: 37
SECRETARY OF STATE



COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: US TAX CENTER LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
ARI BANEWS (Name of Person)
US TAX CENTER LCC (Firm/Company)
999 PONCE de LEON Blud. SUITE 705
COPAL GABUS FZ 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
ARI BANELAS at (305) 445-1525 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}\$\$\$CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, CONSUELO SALCEDO, hereby resign as	MMAGNG (Title)	WANBER
of US TAX CENTER LLC (Limited Liability Company)	·	,
a limited liability company organized under the laws of the State of	FLORIDA	9
and affirm that the limited liability company has been notified in writing	ng of the resignation.	
(Signature of resigning manager, managing member of	OF SEP 11 PM 2: 3 SECRETARY OF STATE AHAS SEE FLOR	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314