61000000310

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Regis	stration Section					
	Divis	ion of Corporations					
SUBJE	CCT:	TAXES USA LLC					
		(Name of Limited Liability Company)					
The end	closed	l member, resignation or dissoci	atic	on and fee(s) are submitted for filing.		
Please 1	return	all correspondence concerning	this	matter to:			
LUIS R	SMITI	1					
		(Contact Person)			_		
TAXES	USA 1	LC					
		(Firm/Company)			_		
11402 N	W 41S	T STREET SUITE 211					
		(Address)			_		
DORAL	, FL 31	3178					
		(City/State and Zip Code)			_		
For furt	ther in	nformation concerning this matte	er, p	olease call:			
LUIS R	SMITI	i	at	305	470-2429		
	(N	ame of Contact Person)			& Daytime Telephone Number)		
Enclose	ed ple	ase find a check made payable to	o th	e Florida I	Department of State for:		
\$25	-				g Fee & Certified Copy		
	Mailin	ng Address:			Street Address:		
		stration Section			Registration Section		
		ion of Corporations			Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Tallal	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



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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 Department
of State is: TAX	ES USA LLC
2. The Florida doc L07000000310	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,ANA S PULEO	, hereby withdraw/resign as a large of Person Resigning)
(Print N	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)