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(((H08000174043 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : A.A.ALI, CPA Account Number : I20000000192 Phone : (407)298-3900

Fax Number : (407)298-0660

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EXPRESS FOR LESS, LLC

Certificate of Status	1
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Corporate Filing Menu

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7/16/2008 JUL-16-2008 11:35.From: (((H08000174043 3)))

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXPRESS FOR LESS, LLC. (Name of Limited Liability Co	empany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	:
HASSAN ELMALAWANI	
(Contact Person)	_
EXPRESS FOR LESS, LLC.	_
(Firm/Company)	
C/O A. A. A. C.P.A. 1322 NORTH PINE HI	LLS RD.
(Address)	,
ORLANDO, FLORIDA 32808	_
(City/State and Zip Code)	
For further information concerning this matter, please call	:
HASSAN ELMALAWANI at 407	949-7579  e & Daytime Telephone Number)
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for: \$55 Filing Fcc & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 (((H08000174043)))	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314
(((1108000)) 740437 CR2E079 (5/06)	· ///

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited liability company a	s it appears on the records of LLC.	of the Florida Depar	SECRE DIVISION Ite Ju
2. This limited liab	ility company was organize	d under the laws of:		TARY OF SIA OF CORPORAL
3. The Florida doct L0800000		of this limited liability comp	pany is:	TIE TIONS
of this limited lia resignation in wr	bility company and affirm t	hereby resign as a, hereby resign as a, he limited liability company		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
CR2E079 (5/06)	(((H0800	0174043 3)))		