

LO8000 104626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

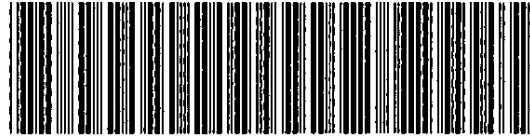
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300250217073

08/05/13--01011--015 **85.00

FILED
13 AUG -5 PM 4:18
CLERK OF COURT
ALBUQUERQUE, FLORIDA

AUG -8 2013
D. BUTLER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tax Expert Professionals LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000104626

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haggith Clarke
Name of Person

Tax Experts Professionals LLC
Name of Firm/Company

15410 NW 30th Ave
Address

Miami Gardens, FL 33054
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haggith Clarke at (305) 687 7953
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 AUG -5 PM 4:18
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Haggith Clarke

Name of Registered Agent

, hereby resigns as

Registered Agent for Tax Expert Professionals LLC

Name of Limited Liability Company

L08000104626

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Haggith Clarke
Signature of Resigning Agent

If signing on behalf of an entity:

Haggith Clarke

Typed or Printed Name

MGRM

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

INHS17 (08/05)

FILED
13 AUG -5 PM 4:18
DEPT. OF STATE
TALLAHASSEE, FLORIDA