

L050000 95645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 04 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIZCARD XPRESS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela M. Morello

\_\_\_\_\_  
Name of Person

BIZCARD XPRESS, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 620

\_\_\_\_\_  
Address

Higganum, CT 06441

\_\_\_\_\_  
City/State and Zip Code

danielabcx@gmail.com

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

For further information concerning this matter, please call:

Daniela M. Morello - President

860 324-6840  
at ( )

\_\_\_\_\_  
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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: BIZCARD XPRESS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L09000095645

**THIRD:** The street address of the limited liability company's principal office is:

1453 N. US Hwy 1 - Unit D-29

Ormond Beach, Florida 32174

The mailing address of the limited liability company's principal office is:

1453 N. US Hwy 1 - Unit D-29

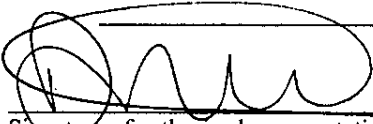
Ormond Beach, Florida 32174

**FOURTH:** The date the statement of authority became effective is: 10-6-2014

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is



Signature of authorized representative

**Daniela M. Morello - President**

Typed or printed name of signature

15 JAN 26 AM 9:56  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**