

LD9000/88016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

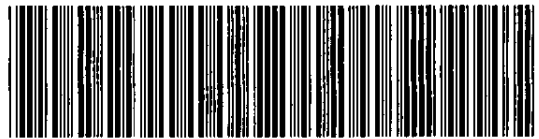
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500166273535

02/03/10--01016--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 11 AM 8:27

T. HAMPTON

FEB 12 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZING TAX AND SERVICES AT&S LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dr Joaniste St Hilaire
(Contact Person)

10582 GALLERIA ST
(Firm/Company)

WELLINGTON FL
(Address)

FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Joaniste St Hilaire at (561) 319 7165
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 FEB 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 4, 2010

DR JOANISTE ST HILAIRE
10582 GALLERIA ST
WELLINGTON, FL 33414

SUBJECT: AMAZING TAX AND SERVICES ATS, LLC
Ref. Number: L09000108016

We have received your document for AMAZING TAX AND SERVICES ATS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00002920



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 limited liability company as it appears on the records of the Florida Department of State is: AMAZING TAX AND Services ATS, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
LO9000108018

4. I, JOANISTE ST. HILAIRE, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Joaniste St. Hilaire
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

I'm not part of the company.

FILED
10 FEB 11 AM 10:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS