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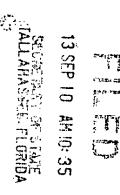
(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MĄIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				

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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Saversxpress, LI	LC		
•			
DOCUMENT NUMBER: L09000111	826		
The enclosed Resignation of Registered Ag for filing.	gent for a Limited Liability Company and fee are submitted		
Please return all correspondence concernin	g this matter to the following:		
Bryon Wolf			
Name of Person			
Name of Firm/Company	·		
1819 Bayview Drive			
Address			
Tierre Verde, FL 33701			
City/State and Zip Code			
E-mail address: (to be used for future annual t	report notification)		
For further information concerning this ma	itter, please call:		
Bryon Wolf	at (727)531-5600 Area Code & Daytime Telephone Number		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Fliability company or \$25.00 for an adminis liability company.	lorida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416	(2) or 608.509, Florida	Statutes, the under	signed,	
Megan Schultz , hereby res			, hereby resign	ns as	
	Name of Registered Ager				
Registered Agent for Sa	aversxpress,	LLC	<u> </u>		-
	Name of Lim	ited Liability Company	-	- 144	_,
L09000111826					
Document Nun	nber, if known				
A copy of this resignation	n was mailed to the a	above listed limited lia	bility company at its	s last known address.	•
The agency is terminated	and the office disco	ntinued on the 31st da	y after the date on v	vhich this statement i	is filed.
	Mog	Signature of Resigning A	ıgdıı	€a.	
If signing on behalf of an	entity:			Ā.	n-orth
				#255	ည်း ကြွ
	Т	yped or Printed Name)>::	
		Capacity		四海 3	.
					e i i i i i i i i i i i i i i i i i i i
				S FLORIDA	ပ က
	FILING	FEES:			
	\$ 85.00 \$ 25.00	Active limited liabi Administratively di withdrawn limited	lity company ssolved/ voluntarily liability company	y dissolved/	

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