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SCURLINGY OF STATE
ALL ANASSEE FLORIO

B. BOSTICK
SEP 1 4 2012
EXAMINER

9/10/2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Metro Tax Center LLC		_	
(Name of Limited Liability Com	ipany)		
The enclosed member, managing member or manager resigniling.	nation and fee(s) are submitte	ed for	
Please return all correspondence concerning this matter to:			
Judy S. Grant	_		
(Contact Person)			
Metro Tax Center LLC	_		
(Firm/Company)			
440 Sansovino Avenue	TALL	ğ; ⊼	•
(Address)	AHA		
Coral Gables, FL 33146	SEE	<u> </u>	C C C C C C C C C C C C C C C C C C C
(City/State and Zip Code)		S. 2	
For further information concerning this matter, please call:	.Toxio	PM IZ: 31	
Nigel Grant at 305	903 8448	·	
(Name of Contact Person) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 655 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as tro Tax Center LLC	it appears on the records of	of the Florida Departmo	ent _•
2. This limited liab	ility company was organized	I under the laws of:		
3. The Florida doce	ument/registration number of 0861	f this limited liability comp	pany is:	
4. I, Judy S. G	rant Jame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)	_
of this limited lia resignation in wr	bility company and affirm th	Grant	. ,	ny
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 SEP 13 PM (SEURETARY OF S VLLAHASSEE, FL	7