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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Basilloss Ellas, Nellie, | | | | |
| (Document Number) | | | | |
| (Bosanienie (Tempo)) | | | | |
| Contificates of Status | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|------------|---|--|--|
| SUBJ! | NEVER SEEN EXPRESS LLC | | | | |
| 5055 | (Name of Limited Liability Company) | | | | |
| The en | iclosed member, resignation or dissociation | and fce(s) | are submitted for filing. | | |
| Please | return all correspondence concerning this tr | atter to: | | | |
| PIER | FORBES | | | | |
| | (Contact Person) | | | | |
| FORBES GLOBAL TAX SERVICE INC | | | | | |
| | (Firm/Company) | | | | |
| 513 PINTAIL CIR | | | | | |
| | (Address) | | | | |
| AUBURNDALE, FL 33823 | | | | | |
| | (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | | |
| PIER | FORBES at (_ | 363 | 595-5723 | | |
| | (Name of Contact Person) (A | rea Code | & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \$55 Filing Fee & Certified Copy | | | | | |
| Regist Division Clifton 2661 I | CET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle crassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| | | as it appears on the records of the Florida Department |
|---|--------------------------|---|
| of State is: | ER SEEN EXPRESS I | LC |
| 2. The Florida docu | ment/registration numbe | r assigned to this limited liability company is: |
| L1200003829 | 9 | |
| 3. The date this me | mber/manager withdrew/ | resigned or will withdraw/resign is: 04/15/2018 |
| 4. I. SANDRA E N | MIGNOTT | , hereby withdraw/resign as a |
| (Print N | ame of Person Resigning) | |
| MGRM | | |
| | (Print Title) | |
| of this limited lial resignation in wr | | n the limited liability company has been notified of my |
| Signature of Di | issociating Member or Re | esigning Manager |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | |

Signature: 11 W 5 sandra Mignott (Apr 23, 7018)

Email: sandramignott@icloud.com