# 114000/24525

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### **COVER LETTER**

SUBJECT: (Name	of Limited Liability Con	npany)			
The enclosed member, resignation or o	dissociation and fee(s	) are submitted for filing.			
Please return all correspondence conce	erning this matter to:				
Thervilien Lorfils					
(Contact Person)		-			
All America Tax, LLC					
(Firm/Company)		_			
2895 Sweetspire Circle					
(Address)		-	$\Sigma_{\mathcal{E}}$	2011	
Kissimmee, FL 34746				2018 AUG 30	Ĩ
(City/State and Zip Code	·)	_	ASSE	30	
For further information concerning thi	s matter, please call:		EPT S	B	
Thervilien Lorfils	305	439-5637	70130 7177	<u>حن</u> رخه	, e-ma.
(Name of Contact Person)		& Daytime Telephone Num			
Enclosed please find a check made pay					
■ \$25 Filing Fee	□ \$55 Filing	Fee & Certified Copy			

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## 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)

	limited liability company as it america Tax, LLC	t appears on the records of the Florida Depar	rtment 	
	ument/registration number assi	igned to this limited liability company is:		
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:	3	
4. I. Stephen J G		hereby withdraw/resign as a		
Vice Presider				
of this limited lia resignation in wr	bility company and affirm the iting.  Sociating Member or Resigni	limited liability company has been notified [2]	의 🏩	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	1080 X	S 49 5	~ <u>~</u>