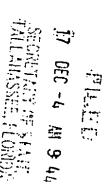
1400179700

(Red	uestor's Name)	_			
(Add	lress)				
(Add	lress)				
(City	//State/Zip/Phon	e fil			
City	/State/Zip/Filon	(C #)			
PICK-UP	WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
		,			

Office Use Only



12/04/17--01008--029 **25.00





COVER LETTER

TO:	Registration Division of	Section Corporations			
CHDI	ECT.	RAPID	ACC	CESS TAX	RETURN, LLC
SUBJ	EC1:	Name of	Limi	ted Liability	Company
DOC	UMENT NU			100017970	• •
The er for fili	nclosed Resig	nation of Registered Age	ent fo	or a Limited	Liability Company and fee are submitted
Please	return all con	respondence concerning	this	matter to th	ne following:
		Kaitie Sperry			
		Name of Person			
	(Corporate Direct, Inc.			
		Name of Firm/Company		 -	
	224	8 Meridian Blvd., Ste l	Н		
	· 	Address		·	
	ı	Minden, NV 89423			
	(City/State and Zip Code			(
	info	@corporatedirect.com	ì		•
E	-mail address: (t	o be used for future annual re	port r	notification)	-
For fu	rther informa	tion concerning this mat	ter, p	olease call:	
		itie Sperry	_ at (782-2201
	Nan	ne of Person	_	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions of	section 605.0115, Florida Statutes,	the undersigned,			
Gerri Detweiler		, hereby resigns as			
Nan	ne of Registered Agent	,,,			
Registered Agent for	RAPID ACCESS	TAX RETURN, LLC	 _		
	Name of Limited Liability Company	у			•
L1400017	9700				
Document Number	r, if known				
.,	as mailed to the above listed limited d the office discontinued on the 31st **Detail Details** Signature of Resigning**	t day after the date on which th			i filed.
If signing on behalf of an en	tity:		11 <u>7</u> 1.	Ö	
	Gerri Detweiler		上門	030	mb.
	Typed or Printed Name		200	.)	<u> </u>
	Registered Agen	nt		5	
	Capacity FILING FEES: \$ 85.00 Active limited li	ability company	FUNDA	NH 5 44	المهما
	\$ 25.00 Administratively withdrawn limit	ability company y dissolved/ voluntarily dissol ted liability company	ved/		

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