

L15000108997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

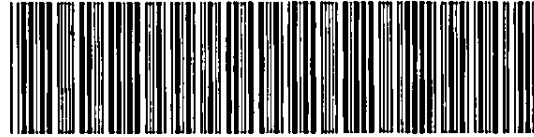
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2022 FEB 28 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

Resignation

MAR 03 2022

CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tax and Business Solutions Certified Public Accountant & Co., LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kyle Kelley

(Contact Person)

Tax & Business Solutions

(Firm/Company)

1620 S. Clyde Morris Blvd # 100

(Address)

Daytona Beach Florida 32119

(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Kelley

407 982-4580  
at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 FEB 28 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 16, 2022

KYLE KELLEY  
TAX & BUSINESS SOLUTIONS  
1620 S. CLYDE MORRIS BLVD #100  
DAYTONA BEACH, FL 32119

SUBJECT: TAX & BUSINESS SOLUTIONS, CERTIFIED PUBLIC  
ACCOUNTANT & CO., LLC  
Ref. Number: L15000108997

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to list the date of resignation on the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 022A00003871

*Please see Date inserted  
As requested -  
Thank you.*



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
2022 FEB 28 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tax and Business Solutions Certified Public Accountant & Company, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000108997

3. The date this member/manager withdrew/resigned or will withdraw/resign is: ~~Mitch Levin~~ 2-1-22

4. I, Mitch Levin, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)