## L15000135694

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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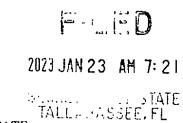
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## **COVER LETTER**

TO: Re	gistration Section			
Di	vision of Corporations			
SUBJEC <sup>*</sup>	EXPRESS TAX 1 SERVICES LLC			
		Limited Liability Co	onipany)	
The enclo	sed member, resignation or diss	ociation and feet	(s) are submitted for filing.	
Please ret	urn all correspondence concerni	ng this matter to	:	
Shakira Nic	role Welcome			
	(Contact Person)		_	
EXPRESS 1	TAX 1 SERVICES LLC			
	(Firm/Company)		<del></del>	
681 N. Wic	kham Rd Suite C			
	(Address)		<del>_</del>	
Melbourne	FI 32935			
	(City/State and Zip Code)		<del></del>	
For furthe	r information concerning this m	atter, please call	:	
Shakira We	lcome	321	271-7355	
	(Name of Contact Person)		e & Daytime Telephone Number)	
Enclosed	please find a check made payab	le to the Florida	Department of State for:	
■ \$25 Fil	ling Fee	□ \$55 Filin	ng Fee & Certified Copy	
	ailing Address:		Street Address:	
	egistration Section		Registration Section	
	vision of Corporations O. Box 6327		Division of Corporations The Centre of Tallahassee	
	llahassee, FL 32314		2415 N. Monroe Street, Suite 810	
1 11			Tallahassee, FL 32303	





## 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)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L15000135694	ument/registration number assig	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigr	ned or will withdraw/resign is:
Herbert Emile		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
CEO		
	(Print Title)	
of this limited lia resignation in wa		imited liability company has been notified of my
Cale	160	
Signature of D	issociating Member or Resignin	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	