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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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COVER LETTER

Division of Cor	porations			
SUBJECT:	THE TAX EXPE	ERTS & BOOKE	EPING "LLC."	
	(Name of Limited Liability Company)			
The enclosed member,	resignation or dis	sociation and fee(s	s) are submitted for	filing.
Please return all corres	pondence concern	ing this matter to:		
SAN	IJO G. ALLEN			
(Contact Person)			_	
THE TAX EXPERTS & BOOKEEPING "LLC."				
(Firm/Company)			_	
22077 S DIXIE HWY				
(Address)				Z8:
MIAMI, FL, 33170				
(City/State and Zip Code)			_	357
For further information concerning this matter, please call:				ALLARASSEE PLOSE
SANJO G	3. ALLEN	(786)	383-8429	7(0) 40 2. √1 2. √1
(Name of Cor	itact Person)	(Area Code	& Daytime Telephor	ne Number)
Enclosed please find a ■ \$25 Filing Fee	check made payat		Department of State Fee & Certified Co	
STREET/COURIER	ADDRESS:		MAILING ADDE	
Registration Section			Registration Section	
Division of Corporations Clifton Building			Division of Corpor P.O. Box 6327	rations

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



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)

1. The name of the	limited liability company a	s it appears on the records of the Florida Department	
of State is:	TAX EXPERTS & BOOK	KEEPING "LLC."	
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:	
81-1231616			
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	
4. I. DAMIA	DAMIAN O. BARRETT , hereby withdraw/resign as a (Print Name of Person Resigning)		
(Print N	lame of Person Resigning)	notecy withdrawness giral a	
	ANAGER		
	(Print Title)		
resignation in wr		he limited liability company has been notified of my	
Ç	\$25.00 (Required) \$30.00 (Optional)	P1 1: 2:	