

L16000042718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

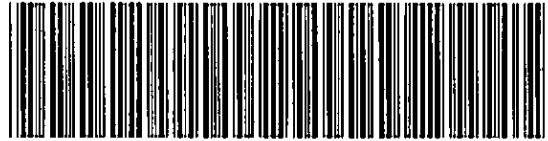
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JUN - 9 2022

Office Use Only



000385978940

04/18/22-- 01032--010 \*\*85.00

FILED  
2022 APR 18 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tax E2 Pass Driving School LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L16000042718

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Satornino Tax ID - 81-1716546  
Name of Person

Tax E2 Pass Driving School LLC  
Name of Firm/Company

1260 McDuff Ave S.  
Address

Jacksonville FL 32205  
City/State and Zip Code

e2drivelessons@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Satornino at ( 904 ) 559-5540  
Name 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Dennis J. Satornino hereby resigns as Deceased (passed away)  
Name of Registered Agent 8/13/21

Registered Agent for Jax EZ Pass Driving School LLC  
is Dennis J. Satornino  
Name of Limited Liability Company

L16000042718  
Document Number, if known

Tax ID # 81-1716546

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Passed Away 8/13/21 X Deceased  
Signature of Resigning Agent

If signing on behalf of an entity:

April J. Satornino  
Typed or Printed Name

Sole MBR - Jax EZ Pass Driving  
Capacity School LLC

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

FILED  
2022 APR 18 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA