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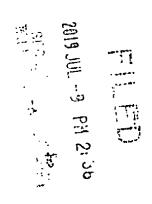
(Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies	·	of Status		
Special Instructions to	Filing Officer.			
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JUL 1 8 2019

COVER LETTER

	Registration Section					
I.	Division of Corporations					
SUBJEC	Express Technology LLC					
505013		(Name of Limited Liability Company)				
The encl	losed member, resignation or dissocial	tion and fee	e(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	nis matter to) :			
OLUBU	INMI RAPHAEL ADEBOYE JR					
	(Contact Person)		_			
	(Firm/Company)					
P.O. Bo	ox 111413					
-	(Address)					
Palm B	ay, Florida 32911					
	(City/State and Zip Code)					
For furth	ner information concerning this matter	, please cal	1:			
OLUBU	INMI RAPHAEL ADEBOYE JR (Name of Contact Person)	954	854-4542			
	(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)			
	I please find a check made payable to iling Fee		Department of State for: ng Fee & Certified Copy			
	T/COURIER ADDRESS:		MAILING ADDRESS:			
_	tion Section		Registration Section			
Clifton I	of Corporations		Division of Corporations P.O. Box 6327			
	ecutive Center Circle		Tallahassee, Florida 32314			
	see, Florida 32301		ranamasse, rionaa saart			

CR2E079 (2/14)



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)

		appears on the records of the Florida Department
of State is:	ress Technology LLC	
2. The Florida doc L1800019725	ument/registration number assig	aned to this limited liability company is:
OL LIDLINIMI	DADUACI ADEROVE ID	ed or will withdraw/resign is: 7/3/2019
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
VOM (Vice C	perating Manager)	
-	(Print Title)	
of this limited lia resignation in w		imited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	