L19000 213695

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

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DS/ Resign

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FIGS TOX (-10 UP) (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:					
Jennifer (Contact Person)					
Flash Tax Group (Firm/Company)					
5104 Dugdale Rd					
Jackson Ville FC 32210 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (GO4) 444.558 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$ \$55 Filing Fee & Certified Copy					
Mailing Address: Street Address:					

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314



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)

		as it appears on the records of the	he Florida Department
of State is:	-lash Tax	Group, LCC	·
		assigned to this limited liability	company is:
L190	00213695		
3. The date this men	mber/manager withdrew/re	signed or will withdraw/resign	is: 09/01/2020
4. I. <u>De. HI +</u>	ro Banks ume of Person Resigning)	, hereby withdraw/resign	n as a
$\underline{\hspace{1cm}}$ $\underline{\hspace{1cm}}$ $\underline{\hspace{1cm}}$	Print Tille)		
of this limited liab resignation in wri	* * *	he limited liability company ha	as been notified of my
Reade	ter Back		
Signature of Dis	ssociating Member or Resi	gning Manager	7877001115
Filing Fee:	\$25.00 (Required)		j. j.
Certified Copy:	\$30.00 (Optional)		<u>ー</u> 近・
			PI:
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