49000290919

(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



600338098276

12/23/19--01045--027 **25.00

2019 DEC 23 PH 1: 22

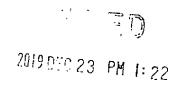
C. GOLDEN
JAN 2 4 2020

COVER LETTER

Division of Corporations	
SUBJECT: Strategic Tax Pros (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Contact Person)	_
strategic Tax Pros 11c (Firm/Company)	_
P.O. Box 2539 5 (Address)	_
Tamarac fl 33320 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Lorenzo Tues at (954 (Name of Contact Person) (Area Code)_825-3307
,	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\Bigsup \$55 Filing\$	
≥ \$25 Filing Fee	g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:Sh	redegic Text Pros IIc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
190002909	19
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 12 - 14 - 19
4. I. Nicole (Print No.	, hereby withdraw/resign as a me of Person Resigning)
Managing 1	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
live	lette
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)