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7777 DEC -L PM 2: 4

COVER LETTER

Division of Corporations	
SUBJECT: Booch Express Tox (Name of Limited Liab	ci Services LLC pility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to:
Crystal Powell (Contact Person)	
Beach Express Taxi Sen	licos LLC
4550 Winkley And #10	<u>53</u>
Fort Myers, FL 33966 (City/State and Zip Code)	, <u>></u>
For further information concerning this matter, plea	se call:
Coustal Power at (8) (Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee \$5	lorida Department of State for: 5 Filing Fee & Certified Copy
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

State of the State

CR2E079 (2/14)

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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 as	it appears on the records	s of the Florid	a Depa	rtment
of State is:	Boach Express	Taxi Service	es W		,
2. The Florida doc	ument/registration number as	signed to this limited lia	bility compan	ıy is:	
<u> </u>	000051508	·			
3. The date this mo	mber/manager withdrew/res	igned or will withdraw/re	esign is: <u>1</u>	129	123
4. I, <u>(() () () () () () () () () </u>	\sim 1	, hereby withdraw/r			-
Rogisten	od Agent/Mano (Print Title)	ging Agent			
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa	ny has been n	otified	of my
_	IN PM				
Signature of D	ssociating Member or Resig	ning Manager	TALLA	2023 DEC -4	
Filing Fee:	\$25.00 (Required)		HAS	- J.	
Certified Copy:	\$30.00 (Optional)		SEE, FLOI	4 PM 2:	
			73 (