

h21 000300516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

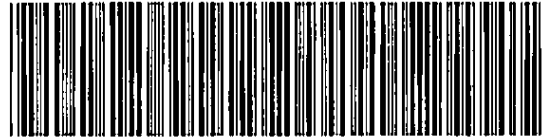
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/21--01013--023 **25.00

FILED
2021 OCT -5 PM 12:05
SECRET
FALL 2021
FALL 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XPERTZ CHOICE HOME SERVICES LLC
(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:

MICHAEL PASEK

(Contact Person)

TAX CENTERS USA LLC

(Firm/Company)

4851 85th AVENUE N

(Address)

PINELLAS PARK

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL PASEK

(Name of Contact Person)

at () (727) 544 - 2796

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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



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)

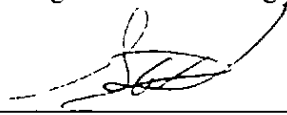
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: XPERTZ CHOICE HOME SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000300516

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/2021

4. I, SAMUEL RIVERA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER MANAGER/MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 9/30/2021
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)-
Certified-Copy: \$30.00-(Optional)-

2021 OCT -5 PM 12:05
SECRETARY
TALLAHASSEE
FLORIDA