## L21000441602

(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



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ALLAHASSEE ELORIOA

1023 AUG -4 AM 8: 30

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJI	TaxDepPro, LLC ECT:		
		Limited Liability Co	ompany)
The en	closed member, resignation or diss	sociation and fee(	(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to	:
Mark Pi	rideaux		
	(Contact Person)	<u>-</u>	_
TaxDep	Рго		
	(Firm/Company)		_
20 Tally	wood Rd		
	(Address)		_
Jackson	ville Beach FL 32250		
	(City/State and Zip Code)		_
For fur	ther information concerning this n	atter, please call	:
Mark Pr	rideaux	904 at (	314-1776
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	ed please find a check made payab	le to the Florida I	Department of State for:
	Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		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)

	limited liability company as	• •	•	
2. The Florida docu L21000441602	ument/registration number a	ssigned to this limited liabil	lity company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	gn is: 7-15-23	
4. 1, Cheri Prideaux	ame of Person Resigning)	, hereby withdraw/resign as a		
Member				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified of my	
-heri	Sociating Member or Resig			
Signature of Di	ssociating Member or Resig	ming Manager	2023 A	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2029 AUG -4 AM 8: C	