

L22000514485

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000418164 3)))



H240004181643ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CT@cohenorris.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEXINGTON TAX GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 DEC 20 AM 11:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 20 PM 1:07

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEXINGTON TAX GROUP 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:

JOSEPH PISICCHIO

(Contact Person)

LEXINGTON TAX GROUP LLC

(Firm/Company)

8295 NORTH MILITARY TRAIL, SUITE J

(Address)

PALM BEACH GARDENS, FL 33419

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN M AUERBACHER, ESQ

at (561) 995-0927

(Name of Contact Person)

(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



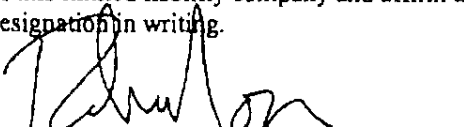
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: LEXINGTON TAX GROUP, LLC
2. The Florida document/registration number assigned to this limited liability company is: 122000514485
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
4. I, ROBERT NOONAN, hereby withdraw/resign as a
(Print Name of Person Resigning)
AUTHORIZED MEMBER
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

FILED
2024 DEC 20 PM 1:07
SECRETARY
TALLAHASSEE, FLORIDA