

L23000019173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

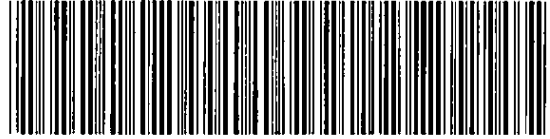
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&A EXPRESS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000019173

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDA FIGUEIREDO

Name of Person

DOMUS GLOBAL TAX ADVISORS LLC

Name of Firm/Company

15815 SHADDOCK DR STE 120

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

FERNANDA@DOMUSGLOBALTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA FIGUEIREDO 407 334 7001
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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, Ste 810
Tallahassee, FL 32303

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REGISTRY OF STATE
TALLAHASSEE, FL

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DOMUS GLOBAL TAX ADVISORS LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for G&A EXPRESS LLC

Name of Limited Liability Company

L23000019173

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

FERNANDA FIGUEIREDO

Typed or Printed Name

OWNER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 28 AM 10:12

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