## 900066442

(Reque	estor's Name)	
(Addre	ss)	
(Addre		
(Addre	:55)	
(City/S	itate/Zip/Phon	10 #N
	iatorzipii non	ю пу
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





200180178042

05/18/10--01021--003 \*\*35.00

S/am

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: EXPRESS TAX CORP
(Name of Corporation)
DOCUMENT NUMBER: Pogotoo 66442
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
CARL H. SAINT-FLEUR
(Name of Person)
EXPRESS TAX CORP
(Name of Firm/Company)
4349 10th AVE NORTH
(Address)
LAKE WORTH, FL. 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
CARL SAINT-FLEUR  (Name of Person)  at ( 954 ) 867-8635  (Area C de & Daytime Telephone Number)
(Name of Person) (Area C de & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. CARL H. SAINT-FLEUR	, hereby resign as PRESIDENT	
-7	(Title)	
of_EXPRESS TAX CORP		
(Name of Corp	oration)	
PO9000066442 .a co	orporation organized under the laws of the State of	
FLORIDA		
(Signatur	TALLAHASSEE, FLORIC	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box (327
Tallahassee, Florida 32314