

United States Postal Service®  
Application for Delivery of Mail Through Agent  
See Privacy Act Statement on Reverse

1. Date 01/07/2022

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

**NOTE:** The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.  
(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

Kevin Moller (X-press Taxes)

3a. Address to be Used for Delivery (Include PMB or # sign.)

10031 Pines Blvd #236

3b. City

Pembroke Pines

3c. State

FL

3d. ZIP + 4®

33024-6800

4. Applicant authorizes delivery to and in care of:

a. Name

Global Presence Enterprise, LLC

b. Address (No., street, apt./ste. no.)

10031 Pines Blvd #236

c. City

Pembroke Pines FL 33024-6800

6. Name of Applicant

Kevin Moller

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a. M460-510-86-2120

b. Patient ID # 77TK6454

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

7a. Applicant Home Address (No., street, apt./ste. no.)

1520 SW 120th

7b. City

Dawie

7c. State

FL

7d. ZIP + 4

33325

7e. Applicant Telephone Number (Include area code)

305 879 0379

9. Name of Firm or Corporation

X-Press Taxes

10a. Business Address (No., street, apt./ste. no.)

1520 SW 120th

10b. City

Dawie

10c. State

FL

10d. ZIP + 4

33325

10e. Business Telephone Number (Include area code)

786-637-4172

11. Type of Business

Income Tax Company

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

Kevin Moller

13. If a CORPORATION, Give Names and Addresses of Its Officers

Kevin Moller

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

Broward County, FL 06-2020

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public

MARIA GODOY  
Commission # HH 180078  
Expires September 28, 2025  
Bonded Thru Budget Notary Services

16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)

[Signature]

This form on Internet at www.usps.com®