

L19000 134 230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

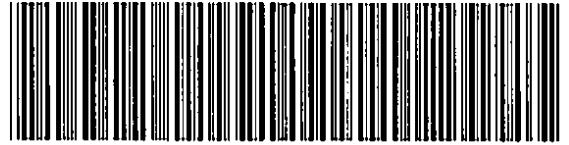
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 APR 10 AM 7:12  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
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APR 22 2020  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Luxology 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:

Tom Glover  
(Contact Person)

Northwest Registered Agent LLC  
(Firm/Company)

7901 4th Street North Suite 300  
(Address)

St. Petersburg, FL 33702  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Messinger at (727) 798-8055  
(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



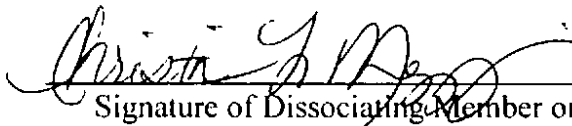
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Luxology LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L19000134230.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/01/2020
4. I, Christina McCosson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Vice President  
*(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)

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2020 APR 10 AM 7:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA