L20000301070

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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Millarikusési Plonda

NOV 3 0 2022 S. PRATHE

COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Lux Wellness LLC			
TOM/TOT	(Name of Limited Liability Company)			
The enclose	ed member, resignation or dissoci	iation and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning	this matter to:	:	
Hilda P. Fran	nco		_	
	(Contact Person)			
Lux Wellnes	s LLC			
	(Firm/Company)		-	
1709 banyar	n Creek CT			
	(Address)		- 	
Boynton Bed	cah FL. 33436			
	(City/State and Zip Code)			
For further	information concerning this mat	ter, please call	:	
Hilda P Fran	nco	786 at (325-0090	
	Name of Contact Person)		le & Daytime Telephone Number)	
Enclosed pl □ \$25 Filii	lease find a check made payable ng Fee	to the Florida 5 55 Filir	Department of State for: ng Fee & Certified Copy	
Reg Div P.O	ting Address: distration Section dision of Corporations dispersion Box 6327 dahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



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)

	limited liability company	as it appears on the records of the Florida Department
2. The Florida doc L20000301070	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. I. Karen Ann Gordon (Print Name of Person Resigning)		
VP/AMBR		
· · · · · · · · · · · · · · · · · · ·	(Print Title)	•
of this limited lia resignation in wr	- · · · ·	the limited liability company has been notified of my
\mathscr{K}	Contin	
Signature of D	issociating Member or Res	igning Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	÷ ,