L21000135460

(Re	questor's Name)	
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(Ad	dress)	
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	10:	
(Cit	ty/State/Zip/Phone #	f)
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(Bu	isiness Entity Name	•)
(5)	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations			
A TO Z LUXURY LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Statement of Termination	and fee(s) are submitted for filing.		
Please return all correspondence concern	ning this matter to the following:		
Maxim G Krashunsky			
Name of Person			
Firm/Company			
20600 ventura blvd unit 1629			
Address			
woodland hills, CA, 91364			
City/State and Zip Code			
MMKRASHUNSKY@GMAIL.COM			
E-mail address: (to be used for future a	annual report notification)		
For further information concerning this	matter, please call:		
Maxim Krashunsky	at (310 7550737		
Name of Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
, anamassee i is ses i i	Tallahassee, FL 32303		

CR2E141 (2/14)



Pursuant to section 605.0709(7), Florida Sta	•		ı.
FIRST: The name of the limited liability of	ompany is:		
SECOND: The Florida Document number	of the limited liability company is: L2	1000135460	
THIRD: The date of filing of the initial art	icles of organization is: March 23, 2021		
FOURTH: The date of filing of the dissolu	ution is:	·	
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities ar	nd affairs and has determ	nined
1 1 hilly		2022 DEC -7 F	
Signature of Authorized Representative	Maxim G Krashunsky Typed or printed name of signature		O

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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