LIC 00000 2499

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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> FILED 2021 AUG -2 PM 12: 30 SECREJARY OF STATE

COVER LETTER

TO:	_	stration Section Gion of Corporations			
		FLORIDA LUXURY TRASPOR	TATION I	.LC	
SUBJ	EC1;	(Name of L	imited Lia	bility C	Company)
The er	nelosec	I member, resignation or disso	ociation a	and fee	e(s) are submitted for filing.
Please	e return	all correspondence concernit	ng this m	atter te	o:
JULISS	SA ROS	SADO			
-		(Contact Person)			<u> </u>
DCM S	SERVIC	CES CENTER I NC			
	-	(Firm/Company)			
2529 W	V BUSC	H BLVD STE 1000			
		(Address)			<u> </u>
TAMP	A, FL 3	3618			
		(City/State and Zip Code)		_	
For fu	rther is	nformation concerning this ma	atter, ple	ase cal	n:
JULISS	SA ROS	SADO		13	990-8630
	(N	ame of Contact Person)	(A	rea Co	de & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payabl g Fee	le to the I	Florida 55 Fili	Department of State for: ing Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED 2021 AUG -2 PM 12: 30 SECRETARY OF SELECTION

SECRETARY OF STATE TALLAHASSEE, FLUNC

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	e limited liability company	as it appears on the records of the Florida Department
of State is:	Jorida Luxur	Transportation, LLC.
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L10000002499	-	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
A T)	hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
	is Elast	7
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30,00 (Optional)	