L08000004179

(Requestor's Name)					
(Address)					
(Address)					
(riddicas)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
openial initiations to 1 ming officer.					

Office Use Only



700213089487

10/17/11--01068--026 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Luxury Bath	& Kitche	ens LLC		
	Name of Limit	ed Liability	Company		
DOCUMENT NUMBER:	L0808000004179				
The enclosed Resignation of I for filing.	Registered Agent fo	r a Limited	d Liability Company and fee ar	e submitted	
Please return all corresponden	ice concerning this	matter to tl	he following:		
Todd (Gomez				
Name o	f Person		•		
Luxury Bath	& Kitchens			7	
Name of Fir	m/Company		•		
6 Enterpr			_		
Add	ress		-		
	FL 32110		_		
City/State and	nd Zip Code				
E-mail address: (to be used for	o@aol.com				
E-mail address: (to be used for	r future annual report no	otification)			
For further information conce	rning this matter, pl	ease call:			
Todd Gomez	at (386) 445-5749		
Name of Persor			& Daytime Telephone Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions	of section 608.416(2) or 608.509, I	Florida Statutes, the undersigned,		
	Kevin M Gomez	, hereby resigns as		
Name of Registered Agent				
Registered Agent for	Luxury Bat	h & Kitchens LLC		
	Name of Limited Liability Com	pany		
L080000				
	,	ted liability company at its last known addr	ess.	
The agency is terminated a	and the office discontinued on the 3	1st day after the date on which this stateme	nt is filed.	
If signing on behalf of an e	Signature of Resi	AHASSEE	FILED	
_	Capacity		三 三 三 三 二 二	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314