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COVER LETTER ,

Division of Corporations	
SUBJECT: Luxe Realty, LLC. (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.
Please return all correspondence concerning this matter to:	
Robert - J. Gonzalez (Contact Person)	-
LUXE Revity, LLC. (Firm/Company)	_
8440 SW 172 Street (Address)	
Palme 16 Ray, FL 33157 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
1).11.cun D. Cocnicolez at (305 (Name of Contact Person) (Area Code) <u>7 i೧ - ೮೬၆၆</u> & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □ \$25 Filing Fee □ \$55 Filing	Department of State for: g 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

CR2E079 (2/14)



2020: 30 M110:36

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:	Luxe Realty LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L0900001	.02455
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/01/20
4. 1. William D. C. Print N	hereby withdraw/resign as a ame of Person Resigning)
Monacing A	Print Title)
of this limited lial resignation in wri	cility company and affirm the limited liability company has been notified of my
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)