

LIC 0000002499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

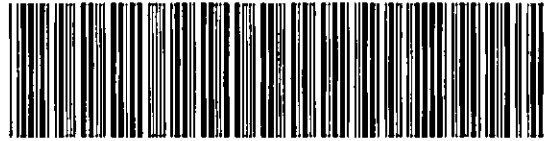
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800370604418

08/02/21--01027--017 **25.00

08/17/2021
JH

FILED
2021 AUG -2 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA LUXURY TRANSPORTATION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.10000002499

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULISSA ROSADO
Name of Person

DCM SERVICES CENTER INC
Name of Firm/Company

2529 W BUSCH BLVD STE 1000
Address

TAMPA, FLORIDA 33618
City/State and Zip Code

DCMSERVICESCENTER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULISSA ROSADO at (813 990-8630)
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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



FILED

2021 AUG -2 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FLORIDA

2. The Florida document/registration number assigned to this limited liability company is:

L10000002499

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/20/2021

4. I, FABIOLA CASTRO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MNGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)