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Dear State of Florida

Luminous Glass Distributors of Florida, LLC would like to amend its Articles of Organization.

Attached please find two resignation of managing members documents.

Please call me with any questions at 847 915 8604

Thankyou

Kristin Haves

CEO

Luminous Glass Distributors of Florida, LLC

TILLU 2016 AUG 22 P II I

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: LUNIOUS Glass Distribution of Florida LLC (Name of Circited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Kristin Hayes (Contact Person)
Luminous glass Distributors (Firm/Company)
1140 NW 159th Dr. (Address)
Mianu Cardona FL 33138 (City/State and Zip Code) For further information concerning this matter please call:
- or the tradition of the time time to be the time to
(Name of Contact Person) at (305) 621 16765 5 (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 ap	opears on the records of the Flo	rida Department
of State is:	JUMINOUS Glass	Distributors	of FLORIDA
2. The Florida docu	ment/registration number assign	ed to this limited liability comp	pany is:
L1100	000 82 390		
3. The date this men	mber/manager withdrew/resigned	d or will withdraw/resign is:	August 12016
4. I, Brad	ante of Person Resigning)	_, hereby withdraw/resign as a	9
<u>Mana</u>	ring member		
of this limited liab resignation in wri	oility company and affirm the lin	nited liability company has been	n notified offmy
Brothy &	Suffer		SSEE 22
Signature of Di	ssociating Member or Resigning	Manager	P # 16
Filing Fee:	\$25.00 (Required)		1
Certified Copy:	\$30.00 (Optional)		