

LI000082390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

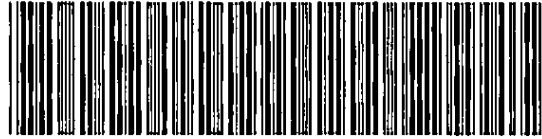
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/09/18--01012--027 \*\*25.00

R. WHITE  
NOV 28 2018

FILED  
2018 NOV -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lumious Glass Distributors of FL LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hutch Gurevitz  
(Contact Person)

TM Miami  
(Firm/Company)

12555 Biscayne Blvd #912  
(Address)

N Miami FL  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hutch Gurevitz at ( 314 ) 203 8117  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
2018 NOV -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Luminous Glass Distributors of Florida LLC

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

L11 0000 82390

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

NOV 1 2018

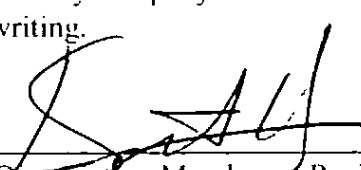
4. I, Kristin Hayes, hereby withdraw/resign as a

(Print Name of Person Resigning)

managing member

(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)