

U150000 25990

(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



600291028646

10/17/16--01032--007 **25.00

OCT 18 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY MEDIA BUSINESS GENERATORS, 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:

DALIA SANCHEZ, MANAGING MEMBER

(Contact Person)

LUXURY MEDIA BUSINESS GENERATORS, LLC

(Firm/Company)

12640 VIRTUDES STREET

(Address)

CORAL GABLES, FLORIDA 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

DALIA SANCHEZ, MANAGING MEMBER 786 260-4908

(Name of Contact Person)

at () (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

CR2E079 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 17 PM 4:38



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: LUXURY MEDIA BUSINESS GENERATORS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000025990

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2016

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

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)

16 OCT 17 PM 4:38

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA