L15000039434

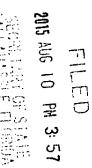
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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N. Custom WE 1 T. W.

COVER LETTER

30,

TO: Registration Section Division of Corporations			
SUBJECT: OPULUXE REALTY, LLC			
(Name of Limit	ed Liability Company)		
The enclosed member, resignation or dissociar	tion and fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to:		
OSCAR LOSADA			
(Contact Person)			
OPULUXE REALTY, LLC			
(Firm/Company)			
801 SEABREEZE BLVD			
(Address)			
FT LAUDERDALE, FL 33316			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
OSCAR LOSADA	at () 525-9301		
(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			
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

2015 AUG TO PM 3: 57

SEGNETAR: 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 l	limited liability company as it	appears on the records of the Florida Department
of State is: OPU	LUXE REALTY, LLC	
2. The Florida docu L15000039434		gned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resign	ned or will withdraw/resign is:
		, hereby withdraw/resign as a
MANAGING N	MEMBER .	
(.	Print Title)	
of this limited liab resignation in wri		imited liability company has been notified of my
V. 4	die	
Signature of Dis	ssociating Member or Resignin	ng Manager
•	\$25.00 (Required) \$30.00 (Optional)	