## 115000075747

(Re	questor's Name)	<del>.</del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>= #)</del>
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**S Warren** AUG 2 3 2016

## **COVER LETTER**

Division of Corporations			
SUBJECT: F\$S LUCKY Enterpr (Name of Limited Liability Co	ises, LLC		
(Name of Limited Liability Co	ompany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
1			
Faith R. Sims (Contact Person)	- <del>-</del>		
TECHMURALE CORPORATE WEILNES (Firm/Company)	s \$ Massage 11C		
2028 HARRISON ST SUITE 204 (Address)			
Hollywood, F1 33020 (City/State and Zip Code)	_		
For further information concerning this matter, please call:			
<i>-</i> , , , , , , , , , , , , , , , , , , ,			
FAITH R. Sims at (786 (Name of Contact Person) (Area Code	424-1147 & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
2001 Daccutive Center Circle	Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



## 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: F&S LUCKY Enterprises LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L 150 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
4. I, FAITH R. Sims , hereby withdraw/resign as a (Print Name of Person Resigning)
MGR - Manager /owner. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
South R Sins
Signature of Dissociating Member or Resigning Manager  ROBERT STATE OF TORIDA
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)  Expires 5/12/2019
8(17/201/