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Office Use Only



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COVER LETTER

| • | SUBJECT: Name of Limited Liability Company | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| DOCUMENT NUMBER: L15000089188 | | | | | | | | |
| The enclosed Resignation of Registered Agent for a Limited for filing. | d Liability Company and fee are submitted | | | | | | | |
| Please return all correspondence concerning this matter to the | he following: | | | | | | | |
| SERGIO BROK | | | | | | | | |
| Name of Person | _ | | | | | | | |
| | | | | | | | | |
| Name of Firm/Company | - | | | | | | | |
| 4151 NW 2nd AVE | | | | | | | | |
| Address | - | | | | | | | |
| MIAMI, FL 33127 | | | | | | | | |
| City/State and Zip Code | - | | | | | | | |
| | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | - | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| SERGIO BROK at (305 | 613-9470 | | | | | | | |
| Name of Person Area Code | Daytime Telephone Number | | | | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| | | | | & SEO |
|----------------------------|----------------------------------|----------------------|--------------------|----------------------------|
| Pursuant to the provision | s of section 605.0115, Florida S | tatutes, the unders | igned, | |
| SERGIO BROK | | _ 1 | hereby resigns as | 是 5 |
| | Name of Registered Agent | , | | 22 4 1 |
| Registered Agent for IN | TERNATIONAL LUXURY | BRANDS LLC | | · 75 |
| | | | | |
| | Name of Limited Liability | Company | | |
| L15000089188 | | | | |
| Document Nur | nber, if known | | | |
| A copy of this resignation | n was mailed to the above listed | limited liability co | ompany at its last | known address. |
| The agency is terminated | and the office discontinued on | the 31st day after t | he date on which | n this statement is filed. |
| | Signature of | Resigning Agent | | |
| If signing on behalf of an | entity: | | | |
| | Typed or Printe | d Name | | |
| | Typed of Time | and a abhressia | | |
| | Capacity | | | |

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314