## L15000192299

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
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J. LEGGETT APR 0 4 2018

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SUBJ	TECT: LUXE LEGAL, LLC				
	(Name of Limi	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.		
Please	e return all correspondence concerning t	his matter to:			
ALEX	ANDER GAVILLA				
	(Contact Person)		<del>-</del>		
	(Firm/Company)		-		
1900	NORTH BAYSHORE DRIVE, UNIT	2118			
	(Address)		_		
MIAM	/II, F <u>L</u> 33132				
	(City/State and Zip Code)		<del>-</del>		
For fu	orther information concerning this matte	r, please call:			
ALEX	KANDER GAVILLA	202 at (	315-8488		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to 5 Filing Fee		Department of State for: Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
~	tration Section of Corporations		Registration Section Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		
	assee, Florida 32301				

CR2E079 (2/14)



## 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 State is:   LUXE LEGAL, LLC	of the Florida Department
2. The Florida document/registration number assigned to this limited liabi	ility company is:
3. The date this member/manager withdrew/resigned or will withdraw/res	9/22/2017 ign is:
4. I, ALEXANDER GAVILLA , hereby withdraw/res	sign as a
(Print Name of Person Resigning)	·
AMBR	AR S
(Print Title)	1 3 · · · ·
of this limited liability company and affirm the limited liability company	y has been notified of Try
resignation in writing.	المحدد المحد
	25 Decision
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)