

L16000048061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

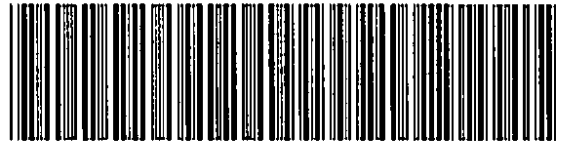
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600326368176

03/18/19--01041--016 \*\*25.00

FILED

2019 MAR 18 PM 5:51

NOT RECORDED

R. WHITE

MAR 26 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lukfuel Polishing Solution, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 416000048061

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stella Burshtein  
Name of Person

Lukfuel Polishing Solution, LLC  
Name of Firm/Company

2019 SW 20th Street - Ste #223  
Address

Ft. Lauderdale, FL 33315  
City/State and Zip Code

lukfuel@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stella Burshtein at (305) 432-3487  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Monique Lukov \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Lukitel Polishing Solution, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

LI6000048061  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

FILED  
2019 MAR 18 PM 5:51  
TALLAHASSEE, FL

## **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