## L16000 107454

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Luck of the Irish holdings, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jessica Reilly (Contact Person)
Luck of the Irish holdings, LLC
7701 SW 181 ter (Address)
Palmetto Bay, Pl 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Momas Refly at (305) 283-5192 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$\$ \$\square\$\$\$ \$\squ
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	imited liability company a	as it appears on	the records of the F	Florida De	epartm	ent
of State is:	ick of the	2 Irish	holdings	, LLC	۰ _ر	<u></u>
2. The Florida docur	nent/registration number	assigned to this	limited liability co	mpany is:	:	
L16000	107454					
3. The date this men	nber/manager withdrew/re	esigned or will v	vithdraw/resign is:	7/26	,12e	)/6
	ne of Person Resigning)					
	ANAGET.					
of this limited liab resignation in writ	ility company and affirm ting.	the limited liabi	lity company has b	een notifi	ed of i	my
	) an Que	S				
Signature of Dis	sociating Member or Resi	gning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SECOLOGICA ALLABORSO	16 AUG -1	: '
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