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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AUTOLUXX LLC		
(Name of Limited	Liability Company)	
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to:	
Denys Kitanin		
(Contact Person)		
AUTOLUXX LLC	•	
(Firm/Company)		17 17
5580 Orchard House LN, Apt. 201	·	17 FEB 21 AH 11: 24
(Address)	•	
Orlando, FL 32839		==
(City/State and Zip Code)		24
For further information concerning this matter, p	olease call:	
Denys Kitanin	(407) 3601150	
	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 1 \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, 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 the Florida Depar	rtment	
of State is:	OLUXX LLC	· · · · · · · · · · · · · · · · · · ·	·	
2. The Florida docu	ment/registration number as	signed to this limited liability company is:		
L16000142961	1			
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 2/15/2017		
Dualas Kasia				
(Print No	ame of Person Resigning)	, hereby withdraw/resign as a		
MGR				
	Print Title)			
of this limited liat resignation in wri		e limited liability company has been notified o	STORES OF THE STORES	>nr:00
			2 <u> </u>); ();
Signature of Dis	ssociating Member or Resign	ning Manager	MII: 21	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		24 24	7