## S17 PD 000011

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
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PILES

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE REVIVAL LUXUAY (Name of Limited Liability C	Lofts LLC
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
CHERYL VAN HOUL (Contact Person)	
(Contact Person)	<del></del>
	2023 SE
(Firm/Company)	ALI DE
1604 W. Privce for STREET	C27
(Address)	Sign A
OZLANDO FL 3280 Y (City/State and Zip Code)	2023 DEC 27 AM 9: 41 SECRETARY OF STATE TALLAHAS SEE. FL
(City/State and Zip Code)	\$ * * 1
For further information concerning this matter, please cal	II:
CITRIS KAMPMEIER at (213 (Name of Contact Person) (Area Co	509-8601 de & Daytime Telephone Number)
·	•
Enclosed please find a check made payable to the Florida  XI \$25 Filing Fee   \$\Boxed{\Sigma}\$ \$55 Filing Fee	n Department of State for: ing Fee & Certified Copy
1 325 Filling Fee	ing ree & centified copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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 comp	oany as it app	ears on the re	cords of the	Florida Depar	tment
of State is:	HE REVIVAL	Luxury	WFTS,	LLC	DEC 2	ا الا بعدين ح <u>نب</u>
2. The Florida docu	ıment/registration nui	mber assigned	d to this limite	d liability c		
L1700	ument/registration number/manager withdr				EESTE STEEL	الوسط ال
3. The date this me	mber/manager withdr	rew/resigned	or will withdr	aw/resign is	12-18	-2023
4. I, CHERYL	VAN HOLL Jame of Person Resigning	,	hereby withdr	raw/resign a	s a	
AMI		•				
·	(Print Title)					
of this limited lial resignation in wri	bility company and af iting.	firm the limi	ted liability co	mpany has	been notified	of my
Chri	X Das A	vd				
Signature of Di	sociating Member of	r Resigning N	<b>/lan</b> ager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					
	+5 4.45 ( <b>5</b> p.1011 <b>4</b> 1)					