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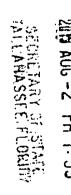
(Requestor's Name)
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## COVER LETTER

Division of Corporations MG 2 PH 1.58 D'LUJO DETAILING LLC SUBJECT: (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: CARMEN L. SILVA (Contact Person) SCRIBE ACCOUNTING SERVICES INC. (Firm/Company) 3950 SOUTHPOINTE DR UNIT 407 (Address) ORLANDO, FL 32822 (City/State and Zip Code) For further information concerning this matter, please call: CARMEN L SILVA (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FRO FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	LUJO DETAILING LLC
2. The Florida do L170002535	cument/registration number assigned to this limited liability company is:  75
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is: 7/20/2019
4. I, JOSE BEN	IGNA, hereby withdraw/resign as a, hereby withdraw/resign as a
MGR	(Print Title)
of this limited l resignation in v	iability company and affirm the limited liability company has been notified of my
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)