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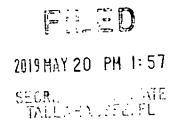
R. WHITE JUN 0 5 2019

COVER LETTER

	gistration Section vision of Corporations		
SUBJEC	Imperial Lifestyle Group		
	(Name of Limite	ed Liability Com	pany)
The enclo	sed member, resignation or dissociat	ion and fee(s)	are submitted for filing.
Please ret	arn all correspondence concerning th	is matter to:	
Kashawi	n Butler		
	(Contact Person)	_	•
Imperial	Lifestyle Group		
	(Firm/Company)	-	•
1815 Gri	ffin Road		
	(Address)		
Dania Fl	33004		
	(City/State and Zip Code)	<u> </u>	•
For furthe	r information concerning this matter	. please call:	
Kashawi		954 at (6832839
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed \$25 Fil	please find a check made payable to ing Fee		epartment of State for: Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS: Registration Section
-	of Corporations		Division of Corporations
Clifton Br	illding		P.O. Box 6327
	cutive Center Circle ee, Florida 32301		Tallahassee, Florida 32314

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)

	limited liability company as it appears on the records of the Florida Department erial Lifestyle Group
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
R Shoats	, hereby withdraw/resign as a ame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)