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D. SCOTT DEC 1 4 2018

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Lost Creations LLC	
(Name of Li	imited Liability Company)
The enclosed member, resignation or dissociation	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	
Ian Tuma	11 DEC 10
(Contact Person)	DEC.
Lost Creations LLC	
(Firm/Company)	
517 Delmar Terrace South	· (
(Address)	
Saint Petersburg, FL 33701	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Ian Tuma	at (407
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e 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



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)

				Ź		3	است.
1. The name of the	limited liability company	as it appears	on the recor	ds of the F	lorida I	Je parti	ment
of State is:t	ost Creations LLC				en°.	7)	· · ·
2. The Florida docu	iment/registration number	assigned to	this limited I	iability co	mpany i	ري اد: ک	
L18000236	449						
3. The date this me	mber/manager withdrew/re	esigned or w	ill withdraw	/resign is:	11/26	/2018	
Cole	Spencer	, here	eby withdraw	//resign as	a		
(Print N	ame of Person Resigning)	·	·				
MG	R						
	(Print Title)						
of this limited lia resignation in wr	bility company and affirm iting.	the limited l	iability com	pany has b	een noti	ified o	f my
Cole Spe	nur						
Signature of D	ssociating Member or Res	igning Man	ager				
_	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						