

L19000127143

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : FORTUNA & ASSOCIATES TAX SERVICES
Account Number : I20210000098
Phone : (305)728-2377
Fax Number : (302)728-2378

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION
LUX LIFESTYLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

85.00
A. RAMSEY

APP 28 2025

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** LUX LIFESTYLE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L19000127143

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffry Dominguez

Name of Person

LUX LIFESTYLE LLC

Name of Firm/Company

160 Vernon Avenue 4D

Address

Brooklyn, NY 11206

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffry Dominguez

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DNHS17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Andy G Mercedes Hernandez

Name of Registered Agent

, hereby resigns as

Registered Agent for LUX LIFESTYLE LLC

Name of Limited Liability Company

LI9000127143

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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