(Requestor's Name)	
(Address)	30037604
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/12/31 - 01012
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
17.	R1 115010





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-010 ******25.00

DEC 29 2021 **I ALBRITTON**

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Lux art Studio LLC (Name of Limited L.	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to:
Maurice Calderon Dealer (Contact Person)	
Luxart Gludio LLC (Firm/Company)	
14050 Biscayne Blud upl 318) <u> </u>
Morth Miam. Beach FL 3318 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, ple	ease call:
Marrou (aldorori Ocitar at (Name of Contact Person)	786) 4483125 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (2/14)



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2021

MAURICIO CALDERON DAZA 14050 BISCAYNE BLVD APT. 318 NORTH MIAMI BEACH, FL 33181

SUBJECT: LUXART STUDIO LLC Ref. Number: L20000070894

We have received your document for LUXART STUDIO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

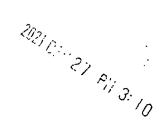
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00029411

Irene Albritton Regulatory Specialist III

www.sunbiz.org





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 l	imited liability company as it appears on the records of the Florida Department
of State is: <u>しい</u> メ	and Globa Cla
2. The Florida docur	ment/registration number assigned to this limited liability company is:
L20000	70894
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 12/18/2021
	ne of Person Resigning), hereby withdraw/resign as a
Manage	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of mying.
ar and	
Signature of Dis.	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	