

L20000082487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

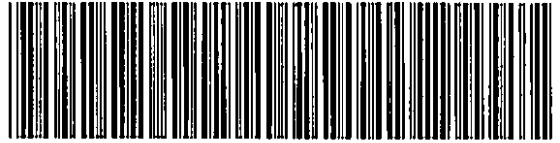
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/13/20--01006--001 \*\*25.00

2020 MAY 13 AM 11:39

G. COLETTI

JUN - 2 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUXI WEAR LLC  
\_\_\_\_\_  
(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:

Norshawndria Mccombs

\_\_\_\_\_  
(Contact Person)

N/A

\_\_\_\_\_  
(Firm/Company)

31 Carla CT

\_\_\_\_\_  
(Address)

Winter Haven , FL 33880

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Norshawndria Mccombs

at ( 863 ) 412-5684

\_\_\_\_\_  
(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

Registration Section

Registration Section

Telephone: 407-833-3344

2015 N. Monroe Street, Suite 811



2020 APR 13 AM 11:40

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 limited liability company as it appears on the records of the Florida Department of State is: LUXI WEAR LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L20000082487
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/30/2020
4. I, Norshawndria Mccombs, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Norshawndria Mccombs

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)