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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>DELUXE CUSTOMS, LLC</u>	
(Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to):
WESLEY C. LOGAN, SR	
(Contact Person)	
(Firm/Company)	
3070 SAN PEDRO ROAD	
(Address)	-1
PERRY FL 32347	
(City/State and Zip Code)	· .
For further information concerning this matter, please cal	l:
WESLEY C LOGAN SR at (850_	.5
	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
X \$25 Filing Fee ☐ \$55 Filing	ng Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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 reco	ords of the Florida Department
of State is: DEL	UXE CUSTOMS, LLC	·
2. The Florida doc	ument/registration number assigned to this limited	liability company is:
L200001249	986.	
3. The date this mo	ember/manager withdrew/resigned or will withdraw	w/resign is: <u>12/31/2022</u>
•	OGAN, SR, hereby withdraw/resign as a draw of Person Resigning)	
MANAGER	(Print Title)	()
	bility company and affirm the limited liability con	npany has been notified of my
resignation in wr	issociating Member or Resigning Manager	.
Signature of D	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
Cerunea Copy.	ລວບ.vv (Optionar)	