KI 000329511

(Requestor's Name)					
—— (Add	ress)				
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Lucky 13 Collaborations, LLC		
	(Name of Li	mited Liability Co	mpany)
The e	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Christ	y Schiffer		
	(Contact Person)		_
Lucky	13 Collaborations, LLC		
	(Firm/Company)		_
1801 \$	SW 21st ST		
	(Address)		_
Miami	i, FL 33145		
	(City/State and Zip Code)		_
For fu	urther information concerning this ma	tter, please call:	
Christ	y Schiffer	305 at (202-1595)
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	osed please find a check made payable	to the Florida	Department of State for:
	5 Filing Fee	\$ \$ \$55 Filin	g Fee & Certified Copy
	Mailing Address:	(NO)	Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 a	as it appears on the records of th	e Florida Department
	13 Collaborations, LLC		·
2. The Florida docu	ment/registration number	assigned to this limited liability	company is:
<u>L2(X)0329511</u>	L2000032	9511	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign	April 7, 2021
A 1 Matthew Schiffer		, hereby withdraw/resign	
Manager			
·	Print Title)		
resignation in wh	iting	the limited liability company ha	is been notified of my
(Signature of Di	ssociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		