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(Re	questor's Name)	
(1.0	quotor o riamo,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	-	
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUMO2 DETAIL	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
LUIS M. VAZQUEZ I	<u>t</u>
LUMOZ DETAILING, LL	. <u>C</u>
159 PINE ISLE DR. (Address)	
SANFORD, FL 3272	3
(City/State and Zip Code)	
For further information concerning this matter	, please call:
	at (321) 477 - 8081
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



FILED

2022 APR 11 AM 7: 38

SECRETARY OF STATE TALLAHASSEE, FL

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:	LUMOZ DETAILING, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	L21000212327
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $12/30/2021$
4.1. TIFFAN	
	NAGEL.
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	Lisociating Member of Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)