## L21000 286837

(Re	equestor's Name)			
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
	Luxre, LLC		
SUB	JECT:(Name of I	Limited Liability Co	ompany)
The e	enclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Pleas	e return all correspondence concerni	ing this matter to	:
Katie '	Werchek		
-	(Contact Person)	<del> ,</del>	_
Luxre.	LLC		
	(Firm/Company)	· <del></del>	<del></del>
804 A	nchor Rode Drive		
	(Address)		Less
Naples	s, Florida 34103		
	(City/State and Zip Code)		<del></del>
For fu	urther information concerning this m	ıatter, please call	:
Katie '	Werchek	239	776-8626
	(Name of Contact Person)		) le & Daytime Telephone Number)
Enclo	osed please find a check made payab	le to the Florida	Department of State for:
□ \$2	5 Filing Fee	□ \$55 Filin	ng Fee & Certified Copy
	Mailing Address:		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



## 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)

Luxi	e limited liability <b>compa</b> ny a re, LLC	as it appears on the records of the Florida	a Department
2. The Florida do 1.21000286837	cument/registration number	assigned to this limited liability compan	y is:
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign is:	
4. I,(Print Member	Name of Person Resigning)	, hereby withdraw/resign as a	2021 633
	(Print Title)		
of this limited li- resignation in w	ability company and affirm triting.	the limited liability company has been no	otified-of my
Signature of D	Dissociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		