# 121000519185

(Requestor's Name)
(Address)
(Address)
(10100)
(0) (0) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding in Figure 1)
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2022 MAY 18 AM 8: 36 SECREDARY OF STATE

#### **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	
SUBJ		
	(Name of I	Limited Liability Company)
The er	nclosed member, resignation or disse	sociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to:
Skirello	e Hudson	
	(Contact Person)	
Lotus I	Look-Book, LLC	
	(Firm/Company)	
5570 N	Haverhill RD 138	
	(Address)	<del></del>
West Pa	alm Beach, FL. 33407	
_	(City/State and Zip Code)	<del></del>
For fu	rther information concerning this ma	atter, please call:
Skirelle	Hudson	561 3705270 at ( )
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable Filing Fee	le to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECHETARY 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)

	limited liability company as it appears on the records of the Florida Department
of State is: Lotus	Look- Book, LLC
2. The Florida doct L21000519185	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Antonio Jackson (Print A	, hereby withdraw/resign as a large of Person Resigning)
MGR	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.  ssociating Member or Resigning Manager
-	\$25.00 (Required)