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| Certified Copies | _ Certificate | s of Status | | |
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COVER LETTER

| TO: Registration Section | |
|---|---|
| Division of Corporations | |
| | |
| SUBJECT: LUMINARY EXPRESS LLC | |
| | tited Liability Company) |
| The enclosed member, resignation or dissoci | iation and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: |
| MARYAM SNOW | |
| (Contact Person) | <u> </u> |
| LUMINARY EXPRESS LLC | ,• |
| (Firm/Company) | |
| 6501 ARLINGTON EXPRESSWAY BI05 | |
| · (Address) | |
| JACKSONVILLE FL 32211 | |
| (City/State and Zip Code) | |
| For further information concerning this matte | r, please call: |
| MARYAM SNOW | 904 4565860 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to | the Florida Denartment of State for |
| □ \$25 Filing Fee | ☑ \$55 Filing 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 |

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)

| LUM | · limited liability company as | s it appears on the records of the | he Florida Department |
|--|--|------------------------------------|------------------------|
| 2. The Florida doc 1.22000016344 | ument/registration number a | ssigned to this limited liability | company is: |
| N A N 1887 N A 4 (1874 | | iigned or will withdraw/resign | |
| (Print N | 'ame of Person Resigning) | hereby withdraw/resign | AM 7 |
| | (Print Title) | | :51 |
| of this limited lia resignation in wr | - · · · · · | ne limited liability company ha | as been notified of my |
| M | | | |
| Signature of D | issociating Member or Resig | ning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |