L22000/345/8

| (Re | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | · #) | | |
| PICK-UP | TIAW | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

FEB 2 2 2023



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: LAZ WOUS LUXUOJ CLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| Matthew Autres (Contact Person) |
| Lazares Luxul y LLC (Firm/Company) |
| 1852 Canova St SESTEL |
| Porton 364 FL 32909 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Matthew Avives at (272) 361 4575 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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 | • • | e Florida Department |
|---|---|----------------------------------|-----------------------------|
| of State is: | Lazarus Luxury L | -l(. | , |
| 2. The Florida docu | ment/registration number assig | gned to this limited liability o | company is: |
| | LOOD 134518 | | |
| 3. The date this me | mber/manager withdrew/resign | ned or will withdraw/resign i | s: 10/01/22 |
| 4.1. <u>Za Char)</u> | y CQ5e | , hereby withdraw/resign a | as a |
| / | Ambrane of Person Resigning) Prior Title) Solity company and affirm the liting. | | 2022 NON SECRE TALLAH |
| of this limited lial resignation in wri | oility company and affirm the l | imited liability company has | been notified of my |
| Fred Eu | | | 1) 18126 151010 |
| Signature of Di | ssociating Member or Resignin | ng Manager | |
| _ | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |