L22 000 359762

(Re	equestor's Name)	·				
(Ad	ldress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

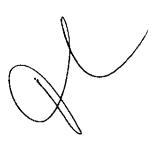
Office Use Only



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أرامهم السبيدية إداري وواسان

2022 SEP -6 AH 8: 3



COVER LETTER

Division of Corporations		
SUBJECT: Re Shop Luxe LLC (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:		
Cristina Dajandas (Contact Person)		
Re Shop Luxe LLC (Firm/Company)	202	
8070 SW 140Th Terr Palmetto Bay	2022 SEP -6	
Palmetto Bay, Fl 33158 (City/State and Zip Code)	AH 8: 31	<u></u>
For further information concerning this matter, please call:		
Cristing Bajandas at (786) 269-5806 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:		

Mailing Address:

\$25 Filing Fee

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

□ \$55 Filing Fee & Certified Copy

Registration Section
Division of Corporations
The Centre of Tallahassee
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)

1. The name of the	limited liabil	lity company	y as it appears of	n the records of the	e Florida Department
of State is:	Pe S	shop	Luxe	LLC	20:12
2. The Florida docu	ıment/registr	ation numbe	er assigned to th	s limited liability	company is: B
L220	0035	9762	·		· 6
3. The date this me					- ω
4.1. Patric (Print N	ame of Person.		, hereby	withdraw/resign	as a
	GR (Print Title)		<u>_</u> .		
of this limited liab resignation in wri		ny and affirm	n the limited lial	oility company has	s been notified of my
Signature of Di	ssociating M	ember or Re	esigning Manage	er	
Filing Fee: Certified Copy:	\$25.00 (F \$30.00 (C	•			