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## **COVER LETTER**

Division of Corporations
SUBJECT: LUCICITY BOOKKEEPING (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:
Denise Van Noy (Contact Person)
Luciclity Bookkeeping
3421 SE MICANOPY TEN
Stuant, FL 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
Denise Voun Noy at (772) 8/2 - 7228 (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  \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

TO: Registration Section



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TALLAHASSEE, FLORIDA

## 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	liability company as it appears on the records of the Florida Department
of State is: LUCIC	lity Bookkeeping LLC
2. The Florida document/re	gistration number assigned to this limited liability company is:
L 230000	<u> </u>
3. The date this member/ma	anager withdrew/resigned or will withdraw/resign is: $10/91/2024$
4.1. Denise L. ] (Print Name of Pe	hereby withdraw/resign as a rson Resigning).
Rigister Ase	nt/member/Title AMBR
of this limited liability corresignation in writing.	mpany and affirm the limited liability company has been notified of my
Denusi & Vo	2M/Vac, 9————————————————————————————————————
Filing Fee: \$25.0	00 (Required)
Certified Copy: \$30.0	00 (Optional)