

L23 000/49206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

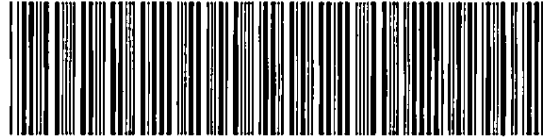
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600433574036

07/31/24--01004--016 **110.00

FILED

2024 JUL 31 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLURE LEAD GENERATION LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees) are submitted for filing.

Please return all correspondence concerning this matter to:

PETER LABELLA
(Contact Person)

ALLURE LEAD GENERATION LLC
(Firm Company)

1200 N Federal Hwy Ste 315
(Address)

Boca Raton, FL, 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter LaBella at 954 638-7243
(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

☒ \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 31 PM 1:16

FILED



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: ALLURE LEAD GENERATION LLC

2. The Florida document registration number assigned to this limited liability company is:

623000149206

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/9/2024

4. I, Anthony Cibene, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2024 JUN 31 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL