L24000168615

(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:				
Special instructions to 7 ming Officer.				

Office Use Only



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10/29/24--01014--009 **:..00

COVER LETTER

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.24000168615	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitt
Please return all correspondence concerning this matter to the	he following:
Boris Lidukhover	
Name of Person	-
Timeless Luxuries, LLC	
Name of Firm/Company	-
17001 NE 13th Ave #202	
Address	-
North Miami Beach, FL. 33162	
City/State and Zip Code	-
ownthiswatch@gmail.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Boris Lidukhover at ()284-7883 Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5, Florida Statutes, the unde	ersigned,	
Boris Lidukhover			, hereby resigns as	
	Name of Registered Agen	nt	-, , <u>, , , , , , , , , , , , , , , , , </u>	
Registered Agent for	eless Luxuries, LLC			
	Name of Limi	ited Liability Company		•
1.24000168615				
Document Num	ber, if known			
A copy of this resignation	was mailed to the a	bove listed limited liability	company at its last kno	wn address.
The agency is terminated	and the office discor	ntinued on the 31st day after the Signature of Resigning Agent	er the date on which this	statement is filed.
If signing on behalf of an	entity:			
-	T	yped or Printed Name		- N
-		Capacity		4607.29
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	ompany red/voluntarily dissolve lity company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,
Boris Lidukhover	, hereby resigns as
Name of Registered Agent	, ,g,g,
Registered Agent for	
Name of Limited Liabili	ty Company,
L24000168615	
Document Number, if known	
A copy of this resignation was mailed to the above liste	ed limited liability company at its last known address.
fren le	n the 31st day after the date on which this statement is filed. Of Resigning Agent
If signing on behalf of an entity:	
Typed or Pri	nted Name
Capacity	y

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314