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2010 JUN 24 PM 1 22 SECRETARY OF STATE

C. LEWIS

JUN 2 5 2010

EXAMINER

*COVER LETTER

то:			n Section Corporations		
SUBJE	ECT:	LUX	DESIGNS, LLC		
			(Name of Fo	reign Limited Liability (Company)
Dear S	ir or M	1adam:			
The en	closed	withdr	awal and fee(s) are submitt	ed for filing.	
Please	return	all corr	espondence concerning this	s matter to the following	:
Jamie	e Bro	der			
			(Name of Person)		
			(Fill (G		
			(Firm/Company)		
6804	Mol	akai (Circle		
			(Address)		
Boyn	iton E	Beach	ı, FI 33437		
			(City/State and Zip Coo	de)	
For fur	ther in	formati	on concerning this matter,	please call:	
Jami	е			at (860	561-1430
		(Na	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS:			ING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
			, Florida 32301	·	
Enclos	ed is a	check	for the following amount	:	
2 \$25	Filing	Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

LUX DESIGNS, LLC
(Name of limited liability company)
Connecticut
(Jurisdiction of its organization)
M08000003178
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
6804 Molakai Circle
(Mailing address)
Boynton Beach, FI 33437
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Prode
(Signature of member or authorized representative of a member)
Jamie Broder
(Typed or printed name of signee)
PH RESTATE SEE, FLORID

Filing Fee: \$25.00