## M10000003499

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2017

ROGER L GASSMAN 3124 MEDINAH DR LAMARK, IL 61046

SUBJECT: LUXURY RETREATS, L.L.C.

Ref. Number: M1000003499

We have received your document for LUXURY RETREATS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00013783

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lux ury ReTreats LLC (Name of Foreign Limited Liability Company)	
(Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Reger L. Gassman (Name of Person)	
Luxury Retreats LLa (Firm/Company)	
3124 Medinah Dr (Address)	
Ciry/State and Zip Code)	  - 
For further information concerning this matter, please call:	1
Roger Gassman at (815) 13P-00  (Name of Person) (Arcs Code & Daytime Telephone Numb	ام ح
(Name of Person) (Area Code & Daytime Telephone Numb	icar) 
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Constructive Center Circle Tallahassee, Florida 32301	i
Enclosed is a check for the following amount:	1
□ \$25 Filing Fee Certificate of Status □ \$55 Filing Fee Certificate of Status □ \$60 Filing Fee, □ \$60 Filing Fee, □ \$60 Filing Fee, □ Certificate of Status □ Certificate of Status	s &

850-245-6030 7. Yasemin

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MOTION OF WILLIAM TO THE STATE OF THE STATE		
Luxury Retreats LLC (Name of limited liability company)		_ <u>_</u>
(Name of limited liability company)		
(Jurisdiction of its organization)	1	_
	- i	
(Date registered with Florida Department of State)	7.5	
110000003499		JAN 
(Florida Document Number)	SSE	96
This limited liability company is withdrawing its certificate of authority in this	state. The	.₽
	1 2	PM 2: 4:9
Effective Date, if other than the date of filing:	te of filing or	6.1
more than 90 days after filing.)		10
Note: If the date inserted in this block does not meet the applicable statutory fill this date will not be listed as the document's effective date on the Department of	of State's record	ls.
(Signature of authorized representative)		
(Signature of authorized representative)	1	
	1	
(Typed or printed name of signee)	<u> </u>	
(Typed or printed name of signee)	1	
	I	

Filing Fee: \$25.00