

M1700000 3916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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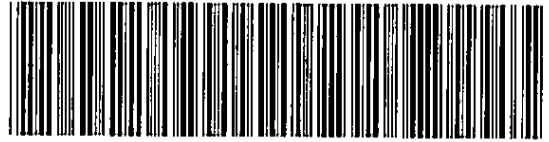
(Business Entity Name)

(Document Number)

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MAY 04 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUXURY LIFE MEDIA GROUP SE-WWW, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M17000003916

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP M. DICOMO, ESQ.

Name of Person

HAILE SHAW & PFAFFENBERGER, P.A.

Name of Firm/Company

660 US HIGHWAY ONE, THIRD FLOOR

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

PDICOMO@HAILESHAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA CONE

Name of Person

at ( 561 ) 627-8100

Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

HAILE SHAW & PFAFFENBERGER, P.A.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for LUXURY LIFE MEDIA GROUP SE-WWW, LLC


\_\_\_\_\_  
Name of Limited Liability Company

M17000003916

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

HAILE SHAW & PFAFFENBERGER, P.A.

\_\_\_\_\_  
Typed or Printed Name

SHAREHOLDER

\_\_\_\_\_  
Capacity

FILED  
19 APR 25 PM 12:33  
CORPORATE SERVICES  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily 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