

11/12/2014 14:53 FAX

11/12/2014

207000124685

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305)377-0809
Fax Number : (305)377-0781

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION LUXURY LIVING OF MIAMI, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUXURY LIVING OF MIAMI, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000124685

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SELENA SAMALE

(Name of Person)

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT, P.L.

(Name of Firm/Company)

200 S. ANDREWS AVE. STE 600

(Address)

FORT LAUDERDALE, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

SELENA SAMALE

(Name of Person)

at **954** **566-7117**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, **ANDREA MINNUCCI**

(Name of Registered Agent)

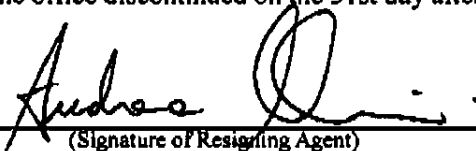
hereby resigns as Registered Agent for **LUXURY LIVING OF MIAMI, INC.**
(Name of Corporation)

P07000124685

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

(Typed or Printed Name)

(Capacity)

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FLORIDA
DEPARTMENT OF STATE
NOV 12 2014

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Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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