P24000049323

(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:			





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AUG 2 8 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LUXE VOIRE INCORPORATED (Name of Corporation)	
DOCUMENT NUMBER: P24000049323	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ıg.
Please return all correspondence concerning this matter to the following:	
Travis Crabtree	
(Name of Person)	
LEGALCORP SOLUTIONS, LLC	
(Name of Firm/Company)	
3 Greenway Plaza #1320	
(Address)	
Houston, TX 77046	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 534-3018 at (
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	LEGALCORP SOLUTIONS, LLC	
rioria salates, the dideringhes.	(Name of Registered Agent)	
hereby resigns as Registered Agent	L for LUXE VOIRE INCORPORATED	
mereby reingins no registered regen	(Name of Corporation)	
P24000049323		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last known ad	ldress.
The agency is terminated and the o this statement is filed.	office discontinued on the 31st day after the date on wh	nich;
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
Travis Crabtree		: 0
	(Typed or Printed Name)	
Member		
	(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Property of