## 

(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:
MAY THORNE





05/06/24--01024--002 ••25.00



## COVER LETTER ...

TO: Registration Section Division of Corporations	
SUBJECT: MA LUXURY Watches L (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Mordeci Maxmoff (Contact Person)	-
(Firm/Company)	-
14813 Draft Horse Lane (Address)	-
Wellington, FL 33414 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Moracchay Maximoff at (56) (Name of Contact Person) (Area Code	) 516 2560 & Daytime Telephone Number)
finclosed please find a check made payable to the Florida D \$25 Filing Fee  \$55 Filing	Department of State for: Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the I	imited liability company as it appears on the records of the Florida Department
of State is: <u>M</u>	A Luxury Watches LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L230005	34803
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 4 30 24
4. 1, <u>Ahron F</u> (Print Na	arache, hereby withdraw/resign as a me of Person Resigning)
MGR "	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of mying.
	De Juste X
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Conv.	\$25.00 (Required) \$30.00 (Optional)