## 104000034896

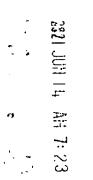
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
] 				

Office Use Only



900368010759

08/14/21--01080--027 \*\*28.00



O SIMMONS

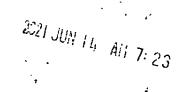
JUL 1 4 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	BROKER'S LLC ECT:		
	(Name of Limit	ted Liability Co	nipany)
The er	nclosed member, resignation or dissocia	ition and fee(	s) are submitted for filing.
Pleaso	return all correspondence concerning t	his matter to:	
CLAU	DIA SERNA		
	(Contact Person)		_
BROK	ER'S TITLE AND ESCROW LLC		
	(Firm/Company)		
20200	W. DIXIE HWY SUITE G-11		
	(Address)		_
AVEN	TURA FL. 33180	•	
	(City/State and Zip Code)		_
For fu	rther information concerning this matte	r, please call:	
CLAU	DIA SERNA	954 at (	993 1616
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g 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

CR2E079 (2/14)





## 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	c limited liability company as it appears on the	records of the Florida Department	
of State is: BRO	OKER'S LLC	·	
2. The Florida doc	cument/registration number assigned to this lim	ited liability company is:	
L04000024896	·		
3. The date this me	ember/manager withdrew/resigned or will with	draw/resign is: MAY 31, 2021	
4. l, OSCAR J. MOR	RALES, hereby with Name of Person Resigning)	, hereby withdraw/resign as a	
(Print N	Name of Person Resigning)	•	
MANAGER			
	(Print Title)		
of this limited lia resignation in wr	ability company and affirm the limited liability riting.	company has been notified of my	
	2-7-7		
Signature of D	Dissociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Ontional)		