## <u>L12000104037</u>

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
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(Business Entity N	Name)
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NOTE THAT IT STATE ALLAHASSEF, FLORIDA

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FEB 2 4 2016

## COVER LETTER

Divis	ion of Corporations		
SUBJECT:	Bellatura-Brickell River, LLC		
	(Name of Limi	ted Liability Company)	
The enclosed	member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:	
	AYDMARA CARR. (Contact Person)	<b>4</b> 4	
	(Contact Person)		
	(Firm/Company)		
342	6 West 84 st	cut, sonte 103B	
	(Address)		
	(City/State and Zip Code)	<u> </u>	
For further in	nformation concerning this matte	r, please call:	
	MARA (ADRERA dame of Contact Person)	at (201) 388-9734 (Area Code & Daytime Telephone Number)	
Enclosed ple \$25 Filing		the Florida Department of State for:  \$\square\$ \$55 \text{ Filing Fee & Certified Copy}\$\$	
	OURIER ADDRESS:	MAILING ADDRESS:	
Registration Division of	Section Corporations	Registration Section Division of Corporations	
Clifton Buile		P.O. Box 6327	

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

1. 34. 0 Y

TO:

Registration Section



## 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)

	limited liability company as atura - Brickell River, LLC	it appears on the records	of the Florida De	partment
2. The Florida docu L1200010403	ment/registration number as	signed to this limited liab	oility company is:	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/re	sign is:	)15
4. I, Julio Alvarez Machiran , hereby withdraw , hereby withdraw				
Managing Me				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notifi	ed of my
Signature of Di	asociating Member or Resign	ning Manager	180 FE	77
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		EB 23 P 1: 25 ETARY OF STATE (HASSEE, FLORID	