L13000074135

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BRA INVESTIMENT LLC		
(Name of Lim	nited Liability Co	mpany)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
AMYLTO RIOS SILVA		
(Contact Person)		NAME OF THE PROPERTY OF THE PR
BRA INVESTMENT LLC		
(Firm/Company)		_
6735 CONROY RD # 321		
(Address)		
ORLANDO, FL 32835		
(City/State and Zip Code)		-
For further information concerning this matt	er, please call:	
SERGIO SOUZA	407 _at (226-8125 EXT: 108
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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	limited liability company as it a	appears on the records of the Flori	da Department
of State is:	A INVESTMENT LLC		
2. The Florida doc L1300007613	ument/registration number assig 5	ned to this limited liability compa	ny is:
3. The date this me	ember/manager withdrew/resigno	ed or will withdraw/resign is: _, hereby withdraw/resign as a	01/201 7
(Print !	lame of Person Resigning)	_, hereby withdraw/resign as a	E U
of this limited lia resignation in w		mited liability company has been	()
Signature of D	issociating Member or Resignin	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		