L18000114937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2018
S. YOUNG

Cole Schotz P.C.

Court Plaza North
25 Main Street
P.O. Box 800
Hackensack, NJ 07602-0800
201-489-3000 201-489-1536 fax

New York
Delaware
Maryland
Texas
Florida

Reply to New Jersey Office
Writer's Direct Line: 201-525-6221
Writer's Direct Fax: 201-678-6221
Writer's E-Mail: kmcellen@coleschotz.com

August 3, 2018

Florida Division of Corporation
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: **Broken Glass, LLC**

Dear Sir/Madam:

Enclosed please find a Dissociation or Resignation of Member, Manager from Florida Limited Liability Company for Broken Glass, LLC, together with a check in the amount of $25.00 for the filing fee. Please return a copy stamped "Filed" to me in the enclosed reply envelope provided.

If you should have any questions, please contact me directly at (201) 525-6221.

Thank you for your assistance in this matter.

Very truly yours,

COLE SCHOTZ P.C.

Kim McEllen
Corporate Paralegal

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TALLAHASSEE, FLORIDA

/km
Enclosures
cc: Nicholas C. Guerra, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROKEN GLASS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NICHOLAS C. GUERRA, ESQ.
(Contact Person)

COLE SCHOTZ P.C.
(Firm/Company)

2255 GLADES ROAD, SUITE 142W
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

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18 AUG 13 PM 6:34
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NICHOLAS C. GUERRA, ESQ. at (561) 609-3855
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee ❑ $55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 appears on the records of the Florida Department of State is: BROKEN GLASS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000114937

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 22, 2018

4. I, JENNE K. BRITELL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

J K Britell

Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2/14)