## L19000219923

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
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SECREDARY OF STATE

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## COVER LETTER .

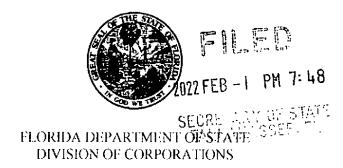
TO: Registration Section Division of Corporations
SUBJECT: BR F Florida Invoitors (1c (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Syney Fierro (Contact Person)
B& F Florida Investors 11c (Firm/Company)
(Firm/Company)
16561 NW 77 16 (Address)
(Address)
Miami Lakes FL 33016 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Sun 6'8W0 296 362-3290
Sywey F'RWO at (786) 362-3290 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

□ \$55 Filing Fee & Certified Copy

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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:	3 KF Florida Investors (le
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L190002	.19923
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 01/01/2022
4.1, Maikel (Print No	hereby withdraw/resign as a me of Person Resigning)
MGr	<del></del>
(	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssocialing Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)