L11000004156Z

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

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D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LAS BRISAS DEL MAR 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:		
- /ania Conesa. (Contact Person)		
(Firm/Company)	21	
1714 46th STREET	ر دات ان	
NORTH BERGEN NO 07047 (City State and Zip Code)	EN 2: 03	-
For further information concerning this matter, please call:		
(Name of Contact Person) at (AD) 923 1237 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E079 (2/14)



January 26, 2021

TANIA CONESA 1714 46TH STREET NORTH BERGEN, NJ 07047

SUBJECT: LAS BRISAS DEL MAR LLC.

Ref. Number: L11000041562

We have received your document for LAS BRISAS DEL MAR LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Division of Corporations

You will need to complete 2 separate applications for the resignation for Leonardo Dominguez and Alicia Dominguez. We would also need an additional \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 221A00001818

Please see ATTached the Documents you requested:

1-Two separated applications

2-Copy of the check you already received for one Document.

3-Extra check of \$125.00 for the Second application.

THank YOU.



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 I	imited liability company as	it appears on the	records of the Florida	Department
of State is: LO	s Brisas I	sel Mar	LLC.	
2. The Florida docu	ment/registration number as	ssigned to this lim	nited liability company	is:
L140000				
3. The date this mer	nber/manager withdrew/res	igned or will with	ıdraw/resign is: 0//	04/2014
41 Lennar	do Dominguez ome of Person Resigning)	, hereby wit	hdraw/resign as a	l
Manage	Print Title)			
of this limited liab resignation in wri	ility company and affirm th ting.	ne limited liability	company has been no	tified of my
				21
Signature of Dis	ssociating Member or Resig	ming Manager		21 [5]
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PAYOF SIME
				3.7