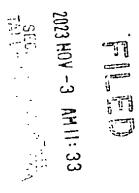


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L M. Jr
Office Use Only



11/03/23--01013--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jimmy Bricon (Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Eliezer Vasquez (Contact Person)	
(Firm/Company)	
3052 Teak Ct,	<u></u>
Deltona, FL, 32725 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Eliczer Vasquez (Name of Contact Person)	at (407) 712 3458 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 a	as it appears on the reco	ords of the Florida I	Department
of State is:	immy Brich	K LLC		 •
2. The Florida docu	ment/registration number	assigned to this limited	l liability company	is:
L11000	0074773	 •		
3. The date this men	mber/manager withdrew/re	signed or will withdra	w/resign is: <u>10/2</u> 0	0/23
4. I. Eliczer (Print No.	ame of Person Resigning)	, hereby withdra	w/resign as a	
Title ma	Print Title)			
of this limited liab	oility company and affirm ting.	he limited liability con	npany has been noti	iFact of my
Signature of Di	ssociating Member or Resi	gning Manager		AH III
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		<u>. 2. 1</u> 	ယ်