

#L12000016531

(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:

Office Use Only



900249834719

08/26/13--01005--014 **20.00

07/22/13--01006--002 **35.00

FILED
13 AUG 23 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 26 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2013

GABRIEL FERNANDEZ
RE: CEREBROTHERS, L.L.C.
903 225TH PL SE
BOTHELL, WA 98021

SUBJECT: CEREBROTHERS, L.L.C.
Ref. Number: L12000016531

We have received your document for CEREBROTHERS, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00018421

August 19th, 2013

Florida Department of State
Division of Corporations
Att. Karen A Saly
P.O. BOX 6327
Tallahassee FL 32314

REF: Cerebrothers LLC

Dear Mrs Saly,

Enclosed you will find the form you sent me to file my resignation as Director and Partner of CEREbrothers LLC along with a check for \$20.00, which is the difference to complete the fee of \$55.00.

I hope everything is correct this time but if not, please let me know at 425 698 7248

Sincerely,



Gabriel Fernandez

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cerebrothers
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Gabriel Fernandez
(Contact Person)

Cerebrothers
(Firm/Company)

903 225th Pl SE
(Address)

Bothell WA 98021
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Fernández at (425) 698 - 7248
(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



FILED
13 AUG 23 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Cerebrothers

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L12000016531

4. I, Gabriel Fernández, hereby resign as a Director
(Print Name of Person Resigning) (Print Title)

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

Gabriel E. Fernández
Signature of Resigning Member, Managing Member or Manager

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