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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(0.11.5.0)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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J. HARRIS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT:	BRICKSON INVESTMENTS, LLC				
SUBJECT.	(Name of Limited Liability Company)				
The enclosed	l member, resignation or dis	sociation and fee(s	) are submitted for filing.		
Please return	all correspondence concern	ing this matter to:			
Alvaro Cas	tillo				
	(Contact Person)		-		
Castillo & A	ssociates				
	(Firm/Company)		-		
1390 Bricke	ell Avenue Suite 200				
	(Address)		-		
Miami, FL 3	33131				
-	(City/State and Zip Code)		-		
For further in	nformation concerning this n	natter, please call:			
Alvaro Cas	tillo	305 at (	371-5540		
(N	ame of Contact Person)	<u> </u>	& Daytime Telephone Number)		
Enclosed ple ■ \$25 Filing	ase find a check made payah Fee		epartment of State for: Fee & Certified Copy		
STREET/CO Registration Division of O			MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Build 2661 Executi	•		P.O. Box 6327 Tallahassee, Florida 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)

	limited liability company as i	it appears on the records of the	Florida Department
2. The Florida docu L1200001656		signed to this limited liability of	ompany is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is	08/09/2017
4. I. ACB MANAC	GEMENT SERVICES INC.	, hereby withdraw/resign a	
MANAGER	dine by terson resigning.		
		e limited liability company has	been notified of my
Signature of Di	ssociating Membér or Resign	ing Manager	<b>2017</b> )
•	\$25.00 (Required) \$30.00 (Optional)		2017 AUG TO AM T