h13000023335	
(Requestor's Name) (Address) (Address)	300376665563
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	11/17/2101018001 **25.00
Certified Copies Certificates of Status	2021 NOV 17 AH 7:00 SECRETARY OF STATE TALLAHASSEE. FL
Office Use Only	DEC 0 7 2021

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: _____

(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:

ARIEL GIGLIO

(Contact Person)

DELUXE REALTY LLC

(Firm/Company)

5485 WILES RD STE 403

(Address)

COCONUT CREEK FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL GIGLIO at (______) 623-7527 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED 2021 NOV 17 AM 7:00 SECRETARY OF STATE TALLAHASSEE FL

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)

- 2. The Florida document/registration number assigned to this limited liability company is: L13000023335
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- 4. 1, HORACIO BROZZI

* · ·

_____, hereby withdraw/resign as a

MGR

(Print Title)

(Print Name of Person Resigning)

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

Signature of Dissociating Member or Resigning Manager

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