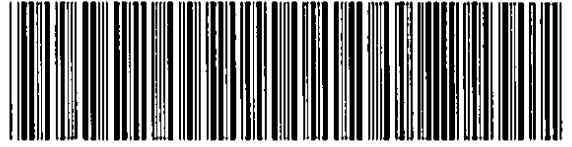


13000032088



900327952639

04/17/19--01025--023 \*\*25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 17 AM 10:30  
SALT LAKE CITY

Resignation

APR 26 2019  
1 ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRISAS DEL CARIBE MARKET 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:

JULISSA ROSADO  
(Contact Person)

PCM SERVICES CENTER INC  
(Firm Company)

2529 W BUSCH BLVD STET000  
(Address)

TAMPA FL 33618  
(City State and Zip Code)

For further information concerning this matter, please call

JULISSA ROSADO at ( 813 ) 990 8630  
(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  
2019 FEB 17 AM 10:30  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BRISAS DEL CARIBEL MARKET LLC

2. The Florida document/registration number assigned to this limited liability company is.  
213000032088

3. The date this member/manager withdrew/resigned or will withdraw/resign is. 04/09/19

4. I, ALTAGRACIA GUILLER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEM  
*(Print Title)*

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

Altagracia Guillen  
Signature of Dissociating Member or Resigning Manager:

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