413000174573

(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



300396308813

19/27/22--01989--007 ++50.99

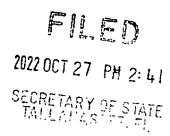
2022 OCT 27 PM 2: 44 SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: ALEXBRUN LLC	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Marci Lowman, Esq	
(Contact Person)	
Lowman Law PA	
(Firm/Company)	
8620 NE 2 Avenue	
(Address)	
Miami, Florida 33138	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Marci Lowman, Esq.	786 703-4162 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\Bigsim\$ \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: 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



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 th	e limited liability company	as it appears on the records of the Florida Department
of State is: ALE	XBRUN LLC	
2. The Florida do	cument/registration numbe	r assigned to this limited liability company is:
L13000174573		
		resigned or will withdraw/resign is: 10/07/2022
Alessandra Bru 4. I,	no de Michele	, hereby withdraw/resign as a
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
Manager and Me	ember	
	(Print Title)	
resignation in w	riting.	n the limited liability company has been notified of my
Signature of I	ssociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	