

L14000050563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

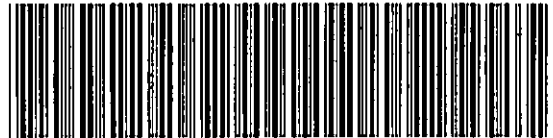
(Business Entity Name)

(Document Number)

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

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FALL 2019 01100002

Y. C. W. 11/21/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRIC 3403, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina De Oliveira, Esq.

\_\_\_\_\_  
Name of Person

The Law Office of Cristina De Oliveira, P.A.

\_\_\_\_\_  
Firm/Company

2332 Galiano Street, 2nd floor

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

cdeoliveira@lawcdo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina De Oliveira

\_\_\_\_\_  
Name of Person

at ( 305 )

\_\_\_\_\_  
Area Code

461-1660

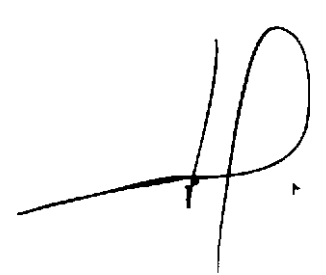
\_\_\_\_\_  
Daytime Telephone Number

**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



**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: BRIC 3403, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000050563

**THIRD:** The street address of the limited liability company's principal office is:

15901 Collins Avenue

Apt 3301

Sunny Isles Beach, FL 33160

The mailing address of the limited liability company's principal office is:

15901 Collins Avenue

Apt 3301

Sunny Isles Beach, FL 33160

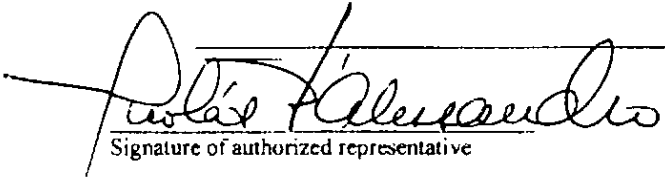
**FOURTH:** The date the statement of authority became effective is: 5/ /2018

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

To remove the name of Cristina De Oliveira, under paragraph 4,  
subparagraph 1 (a)

  
Signature of authorized representative

Nicolas G D'Alessandro

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E145 (2/14)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA