

L14000071875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

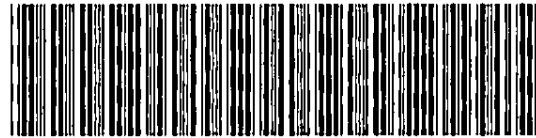
(Business Entity Name)

(Document Number)

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

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02/12/21--01018--028 \*\*25.00

2021 MAY -5 PM 7:53

U.S. SERVICE  
MAY 19 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY -5 PM 12:31

SEAL  
TALLAHASSEE, FL

April 5, 2021

DEICE AGREDA  
10805 NW 89 TERR  
APT 211  
DORAL, FL 33178

SUBJECT: SABRINA BP REALTY LLC  
Ref. Number: L14000071875

We have received your document for SABRINA BP REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE PERSON RESIGNING/WITHDRAWING FROM ENTITY NEEDS TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00006879

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SABRINA BP REALTY 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:

DEICE AGREDA  
(Contact Person)

SABRINA BP REALTY LLC  
(Firm/Company)

10805 NW 89 TERR APT 211  
(Address)

DORAL, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEICE AGREDA at ( 786 ) 216-8954  
(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

**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



2021 MAY -5 AM 7:53

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: PEREZ ANGLE

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

L14000071875

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/15/2021

4. I, PEREZ ANGLE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

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)