## L14000104321

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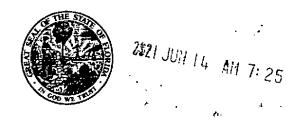
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## **COVER LETTER**

**Division of Corporations** BROKER'S REAL ESTATE BROWARD LLC 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: CLAUDIA SERNA (Contact Person) BROKER'S TITLE AND ESCROW LLC (Firm/Company) 20200 W. DIXIE HWY SUITE G-11 (Address) AVENTURA FL. 33180 (City/State and Zip Code) For further information concerning this matter, please call: CLAUDIA SERNA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☑ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Registration Section



## 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)

	limited liability company KER'S REAL ESTATE BROW	as it appears on the records of the Florida Department ARD LLC
2. The Florida doc L14000104321	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is: MAY 31, 2021
4. 1, OSCAR J. MORALES  (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print ) MANAGER	Name of Person Resigning)	
	(Print Title)	•
of this limited liz resignation in w		the limited liability company has been notified of my
Signature of D	issociating Member or Res	signing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	