

L14 000 174 824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

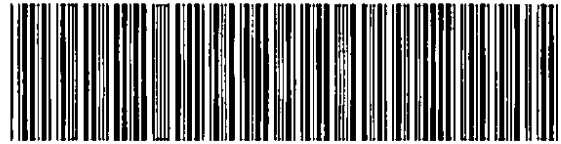
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800348938368

07/27/20--01035--025 \*\*25.00

RECEIVED

JUL 23 2020

2020 JUL 23 PM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

D. BRUCE  
SEP 13 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELGIUM PROPERTIES 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:

KEVIN H. FABRIKANT

\_\_\_\_\_  
(Contact Person)

FABRIKANT & ASSOCIATES, PLLC

\_\_\_\_\_  
(Firm/Company)

9900 Stirling Road, Suite 300

\_\_\_\_\_  
(Address)

Hollywood, Florida 33324

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

For further information concerning this matter, please call:

Kevin H. Fabrikant

954

966-0881

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 23 PM 6:10

FILED



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: BELGIUM PROPERTIES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.14000174824

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, GONZALO E. FERNANDEZ FEO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGING MEMBER  
*(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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 23 PM 6:10

FILED