

L150000 48019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

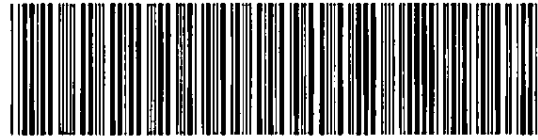
(Business Entity Name)

(Document Number)

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

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2020 JAN 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Resignation

FEB 14 2020  
I ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEVCHA PARTNERS, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD BERCINI  
Name of Person

SEVCHA PARTNERS, LLC  
Firm/Company

124 Seville Chase Dr.  
Address

WINTER SPRINGS, FL. 32708  
City/State and Zip Code

bercini@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD BERCINI at ( 407 ) 492-0664  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Florida Dep't of State

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Sevcha Partners, LLC

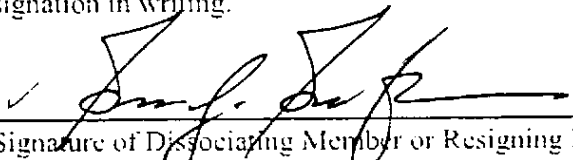
2. The Florida document/registration number assigned to this limited liability company is:  
L15000048019

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 15, 2020

4. I, Bruce Brodfuhrer, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR  
*(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)