

L15000086205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Port De Bras LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000086205

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anabella Perello

Name of Person

GLOBAL TRUST MANAGEMENT US BRANCH INC.

Name of Firm/Company

1600 Ponce de Leon Blvd. Ste. 808

Address

Coral Gables, FL, 33134

City/State and Zip Code

aperello@globaltrustm.com

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

For further information concerning this matter, please call:

Anabella Perello

at (

305

3795551

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Global Trust Management US Branch Inc., hereby resigns as

Name of Registered Agent

Registered Agent for Port De Bras LLC

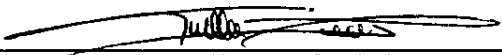
Name of Limited Liability Company

L15000086205

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Anabella Perello

Typed or Printed Name

Director

Capacity

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AUG -6 P 12:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314