L15000117333

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	.		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:	Registration Section	•	
	Division of Corporations		
SUBJ	Brazuca Lube, LLC		
	(Name of	Limited Liability Co	mpany)
The e	nclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to:	:
Josue	Bayer		
	(Contact Person)		_
	(Firm/Company)		
	, ,		
3511 N	NW 8th Avenue, # 13		
	(Address)		
Pompa	mo Beach, FL 33064		
	(City/State and Zip Code)		_
For fi	irther information concerning this n	natter, please call	:
Josue	Bayer	954 at (661-1445
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	sed please find a check made payat	ole to the Florida	Department of State for:
	5 Filing Fee		g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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)

	ne limited liability company a zuca Lube LLC	as it appears on the records of the Florida Department
	cument/registration number a	assigned to this limited liability company is:
L15000117333		
3. The date this m	nember/manager withdrew/re	esigned or will withdraw/resign is: May 5, 2020
4. I,		, hereby withdraw/resign as a
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
authorized mem	her	
	(Print Title)	
of this limited li resignation in w	vriting.	the limited liability company has been notified of my
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.
Signature of t	Dissociating/Member or Resi	gning Manager
)	
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Optional)	