

3/13/23, 10:07 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KOONTZ & ASSOCIATES, PL
Account Number : 120220000183
Phone : (941)225-2615
Fax Number : (941)951-2618

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: marcfoure@orange.fr

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRIAC ALIZEE SOLIDOR, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRJAC ALIZEE SOLIDOR, 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:

JACQUELINE M. DURHAM, ESQ
(Contact Person)

KOONTZ & ASSOCIATES, PL
(Firm/Company)

1613 FRUITVILLE RD.
(Address)

SARASOTA, FL 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE M. DURHAM at (941) 225-2615
(Name of Contact Person) (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

CR2E079 (2/14)

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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: BRIAC ALIZEE SOLIDOR, LLC

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

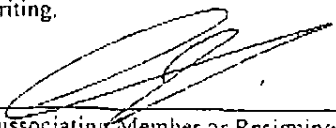
L16000017919

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MARCH 1, 2023

4. I, GREGORY A. ORTUERA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER*(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)

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MAR 13 2023
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