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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Brotman Nusbaum Ibrahim, PLUC (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:
Dunia Ibrahim (Contact Person)
Brotman Nusbaum Ibrahim
137 W. Royal Palm Road
Boca Raton, Fl 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
Dunia Ibrahim at (541), 417-565 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 co	mpany as i	t appears on	the record	s of the F	lorida D	epartn	nent
of State is: B	rotman	n ks	baun	1 1	oran	im,T	>ՆԼ	<u>_</u>
2. The Florida docu	ment/registration t	number ass	igned to this	limited lia	ability co	mpany is	3:	
Llle	0002	2894	<i>و</i> او					
3. The date this men	nber/manager with	idrew/resig	gned or will v	vithdraw/r	resign is:	12 3	1/20	23
4.1. <u>Mar</u>	C Broth une of Person Resigni	nan	, hereby	withdraw/	resign as	a		
mana	COV Prihi Title)	·						
of this limited liab resignation in wri	oility company and ting.	affirm the	limited liabi	lity compa	any has b	een notif	lied of	my
Mack	holice	an				,	~>	
Signature of IX	ssociating Member	or Resign	ing Manager			SEC.	023 D	-
	\$25.00 (Requir					STEEL LI	EC 27 1	ILE
Certified Copy:	ລວບ.ບບ (Option	ai <i>)</i>				SEE.	PH 6:	Ū