

117 000 163 948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C. GOLDEN

OCT 11 2019

2019 SEP 21 PM 3:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9501 Brandywine 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:

Pasquale Lamarra

(Contact Person)

(Firm/Company)

7349 Marsh Terrace

(Address)

Port St. Lucie Fl. 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

Pasquale Lamarra

at (561)

~~850-1186~~

676-1186

(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



2019 SEP 27 F

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER OR
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: 9501 Brandywine LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000163948

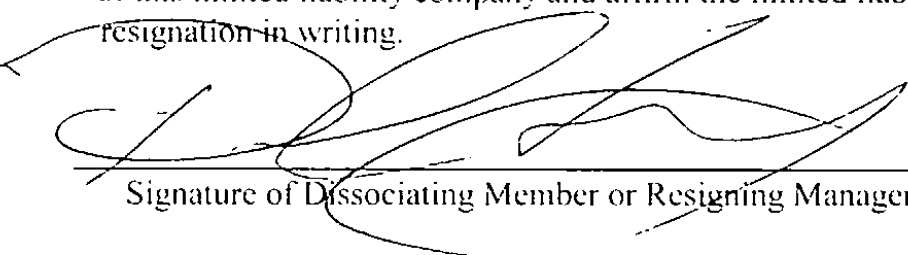
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/18/2019

4. I, Pasquale Lamarra, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member/Manager/Employee

(Print Title)

of this limited liability company and affirm the limited liability company has been notified
resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)