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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: BRILA TRADING	à LLC
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia-	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
SERGIO PRAHL GARCIA (Contact Person)	<del>\</del>
Beig TRAOING LLC (Firm/Company)	
1541 Bruckell Au C12	07
MAMIN FL 331Z9 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
LAURA MENDORA	at ( <u>305</u> ) <u>725 3741</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to  ☐ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 l	imited liability company as it ap	ppears on the records of	the Florida Department
of State is:	ORILA TRADING	LLC	
2. The Florida docu	ment/registration number assigr	ned to this limited liabilit	ty company is:
L180000	06570	<u>~</u> :	
3. The date this mer	mber/manager withdrew/resigne	d or will withdraw/resig	n is: 12/21/18
	GAMERO ume of Person Resigning)	_, hereby withdraw/resig	gn as a
	HEMBER Print Title)		
of this limited liab resignation in wri	oility company and affirm the lin	nited liability company h	nas been notified of my
Signature of Dis	ssociating Member of Resigning	Manager	19
•	\$25.00 (Required) \$30.00 (Optional)		ALLAHASSELITUR