## L18000013989

(Requestor's Name)	
(Address)	_
(Address)	
(	
(0), (0), (0), (0)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
, ,	
(Document Number)	
(Document Namber)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
-	
J DEMNIS	
AUG 1 4 2023	
NGO 14 TOTO	
	_

Office Use Only



000411270360

06/30/23--01016--003 \*\*25.00

## **COVER LETTER**

**TO:** Registration Section Division of Corporations **BROTHERS STUCCO LLC SUBJECT:** (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: D.T. CHAPDELAINE (Contact Person) HORIZON FINANCIAL SERVICES LLC (Firm/Company) 5342 CLARK RD 111 (Address) SARASOTA FL 34233 (City/State and Zip Code) For further information concerning this matter, please call: D.T. CHAPDELAINE (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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)

	The name of the limited liability company as it appears on the records of the Florida Department of State is:
2.	The Florida document/registration number assigned to this limited liability company is:  L18000013989
3.	The date this member/manager withdrew/resigned or will withdraw/resign is:
4.	HUMBERTO SANCHEZ SANCHEZ
	(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)

20 PM 1: 32

FICED STATE