

L18000095372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

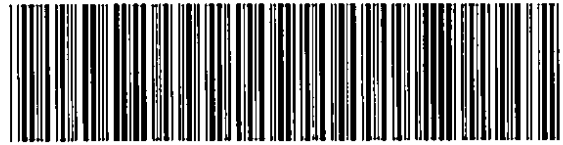
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 31 PM 2:58

N COOPER

SEP 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAZO HUEMUL, 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:

JUAN M. PEDERNERA

(Contact Person)

BRAZO HUEMUL, LLC

(Firm/Company)

1110 BRICKELL AVENUE #210-B

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN M. PEDERNERA

(Name of Contact Person)

305

at ()

323-8492

(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



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: BRAZO HUEMUL, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000095372

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/28/2018

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

MGR

(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)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAZO HUEMUL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN M. PEDERNEIRA

Name of Person

BRAZO HUEMUL, LLC

Firm/Company

1110 BRICKELL AVENUE #210-B

Address

MIAMI, FL 33131

City/State and Zip Code

juan@sybaris-interiors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN M. PEDERNEIRA

305

323-8492

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAULA LISI	2764 SW 81 TERRACE	<input type="checkbox"/> Add
		UNIT 2760	<input checked="" type="checkbox"/> Remove
		MIRAMAR, FL 33025	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 31 PM 2:58

AUGUST 28, 2018

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated AUGUST 28 2018



Signature

Signature of a member or authorized representative of a member

JUAN M. PEDERNEIRA

Typed or printed name of signee