

L18000

139

129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

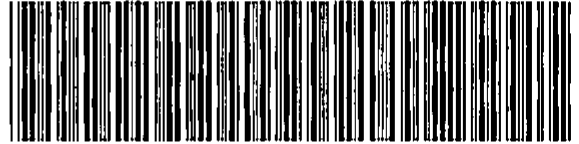
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900333518769

09/03/19--01094--012 \*\*25.00

2019 SEP 17 PM 4:01

Designation

SEP 17 2019  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRTO PROPERTIES 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:

DAIANE BRITO  
(Contact Person)

BRTO PROPERTIES  
(Firm/Company)

43605 STATE RD 19  
(Address)

ALTONA FL. 32702  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAIANE BRITO at ( 352 ) 409-4735  
(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



2015 - J - F11 4: 01

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: BRTD PROPERTIES LLC

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

L18000139129

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/05/2019

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

AUTHORIZED MEMBER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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