

L18000209573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

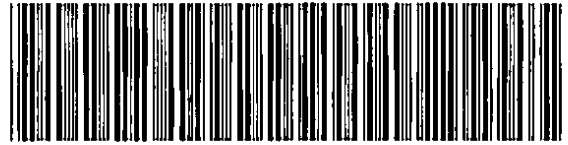
(Business Entity Name)

(Document Number)

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

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06/14/21--01018--008 \*\*25.00

2021 JUN 14 PM 2:26  
CLERK OF COURT  
CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROKER'S TITLE AND ESCROW 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:

CLAUDIA SERNA  
(Contact Person)

BROKER'S TITLE AND ESCROW LLC  
(Firm/Company)

20200 W. DIXIE HWY SUITE G-11  
(Address)

AVENTURA FL. 33180

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(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA SERNA at (954) 993 1616  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



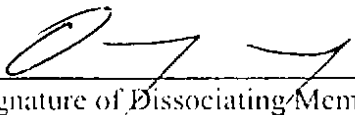
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: BROKER'S TITLE AND ESCROW LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000209573
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 31, 2021
4. I, OSCAR J. MORALES, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(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)

2021 Jun 14 AM 2:26