

# L1900034591430081

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PROFESSIONAL SERVICES  
Account Number : I20040000024  
Phone : (786)303-5010  
Fax Number : (305)403-1061

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BERMEOCAS LLC

Certificate of Status	0
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2019 NOV 27 P 1:35

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: BERMEOCAS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000250081

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/27/2019

4. I, BERMEOSOLO, ELSA, 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)  
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