

L19000253438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

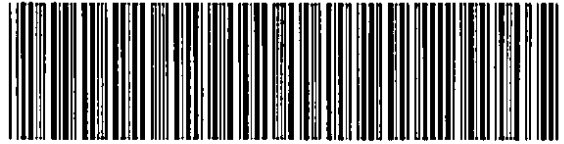
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
SEP 13 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CR BROWS, 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:

Elizabeth Cerrutti

(Contact Person)

CR Brows, LLC

(Firm/Company)

13180 N. Cleveland Ave., Suite 139

(Address)

North Fort Myers, FL 33903

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Cerrutti

(Name of Contact Person)

at (239) 201-8140

(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

STATE OF FLORIDA  
TALLAHASSEE, FL

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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: CR BROWS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000253438

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/20/2020

4. I, Nidia Rivera, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
OFC MGR/Other  
*(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

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2020 JUL 23 PM 6:10  
STATE  
TALLAHASSEE, FL

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