

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EXPAT CONSULTING CORP.
Account Number : 120190000096
Phone : (407)745-1112
Fax Number : (407)641-8083

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

Email Address: acc@expatconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOTECO BR RESTAURANT LLC

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2020 AUG 11 PM 4:19

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Corporate Filing Menu

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C. GOLDEN

AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOTEKO BR RESTAURANT 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:

NILTON FREGNI

(Contact Person)

EXPAT CONSULTING CORP

(Firm/Company)

8615 COMMODITY CIR #11

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

NILTON FREGNI

407

7451112

(Name of Contact Person)

at ()

(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

850-617-6381

8/11/2020 3:10:14 PM PAGE 1/001 Fax Server



August 11, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BOTECO BR RESTAURANT LLC
5135 INTERNATIONAL DR #11-12
ORLANDO, FL 32819US

SUBJECT: BOTECO BR RESTAURANT LLC
REF: L20000161562

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000272756
Letter Number: 720A00015150



2020 AUG 11 PM 5:47

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: BOTEKO BR RESTAURANT LLC

2. The Florida document/registration number assigned to this limited liability company is:
120000161562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/10/2020

4. I, SILVEIRA CAMARA OSVALDO, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

A handwritten signature in cursive script, appearing to read "Silveira Camara Osvaldo", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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