## L20 000 301595

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
_			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Busiless Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
M/M RE			

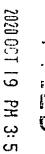
Office Use Only



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## **COVER LETTER**

Division of Corporations	
Brandemic LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this i	natter to:
Joey Benhamou	
(Contact Person)	
Brandemic LLC	
(Firm/Company)	· <del></del>
2716 Cardiff Ave	
(Address)	
Los Angeles Califnomia 90034	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Brandemic LLC at (	310 388-7357
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	-
□ \$25 Filing Fee ■	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as i	• •	of the Florida Department
of State is: Branc	demic LLC		
2. The Florida doc L20000301595	ument/registration number ass	signed to this limited liabi	lity company is:
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resi	ign is: September 29, 2020
4. I, James Rocchio	Jame of Person Resigning)	, hereby withdraw/res	sign as a
Authorized Meml			
	(Print Title)		205
of this limited lia resignation in wr	tility company and affirm the iting.	limited liability company	
James R	Pocchio		NY OF
Signature of D	issociating Member or Resign	ing Manager	PM 3: 54 OF STATE SSEE, FL
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		