

L20 0003047 69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

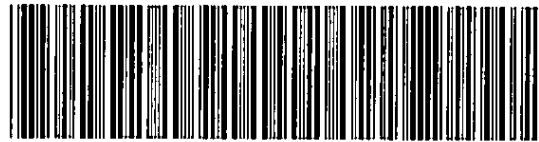
(Business Entity Name)

(Document Number)

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2021 JUN -7 AM 6:00
TALLAHASSEE, FLORIDA



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: Brcin Libre LLC

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

L2000034769

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan 11/2021

4. I, Mear A Peña, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP

(Print Title)

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

Mear A Peña

Signature of Dissociating Member or Resigning Manager

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



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2. The Florida document/registration number assigned to this limited liability company is:
L2000034769

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan 11/2021

4. I, Maria Peña, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP

(Print Title)

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

Maria Peña

Signature of Dissociating Member or Resigning Manager

TALLAHASSEE, FLORIDA
2021 JUN -7 AM 6:00
11:50

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