

L20000333414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

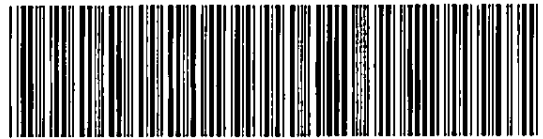
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700402885437

FILED
2023 FEB 22 PM 2:46
TALLAHASSEE, FL

[Handwritten signature]



BG LAW, P.A.

999 Ponce De Leon Blvd, Suite 1105 Coral Gables, FL 33134

Office: 786-431-5779

Fax: 305-397-1920

Barbara Garcia, Esq.

Claudia Alonso, Esq.

February 13, 2023

Via Certified Mail

Registration Section

Division of Corporation

PO Box 6327

Tallahassee, FL 32314

**Re: Dissociation / Resignation of Member, Manager
Alcazar Family Wealth Management, LLC**

To Whom It May Concern,

Enclosed please find the Dissociation and Resignation of Barbara Garcia, as Member and Manger of the below described company:

Name: Alcazar Family Wealth Management, LLC

Document No.: L2000333414

Principal Address: 141 Sevilla Ave Coral Gables, FL 33134

Enclosed please find our check # 3545 payable to the Florida Department of State for \$25.00 representing the fees for the filing.

Should you need any additional information, do not hesitate to contact us.

Cordially,

Claudia Alonso, Esq.

FILED
2023 FEB 22 PM 2:46
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALCAZAR FAMILY WEALTH MANAGEMENT, 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:

BARBARA GARCIA

(Contact Person)

BG LAW PA

(Firm/Company)

999 PONCE DE LEON BLVD. STE 1105

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA GARCIA

at 786 431-5779
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

FILED
2023 FEB 22 PM 2:46
DEPARTMENT OF STATE
TALLAHASSEE, FL

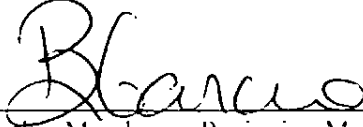


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**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: ALCAZAR FAMILY WEALTH MANAGEMENT, LLC
2. The Florida document/registration number assigned to this limited liability company is: L20000333414
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2022
4. I, BARBARA GARCIA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER AND MEMBER
(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)
Certified Copy: \$30.00 (Optional)

FILED
2023 FEB 22 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FL