

L20000333414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

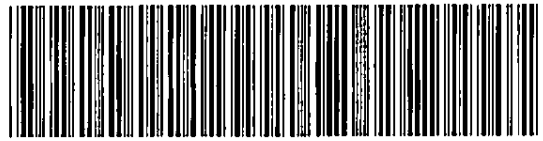
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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A handwritten signature in black ink, appearing to be a stylized 'A' or similar character.



BG LAW, P.A.

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

Office: 786-431-5779

Fax: 305-397-1920

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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.

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SECRETARY 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  
(Name of Contact Person) (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

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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)

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TALLAHASSEE, FL