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(Re	equestor's Name)	 _			
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

Division of Corporations
SUBJECT: Bramwell Housing 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:
Ledon Bramwell (Contact Person)
Bramwell Housing LLC (Firm/Company)
9907 NW 2ND ST (Address)
Plantation, FL 33324 (Cin/State and Zip Code)
For further information concerning this matter, please call:
LCCOn Bramwell at (786) 473-2603 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$\pi\$\$ \$\sigma \\$\$ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section



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 i	t appears on the re	cords of the Florida I	Departme	nt
of State is: <u>br</u>	rammell Howing	J LLC			_•
2. The Florida docu	ment/registration number ass	igned to this limite	ed liability company i	is:	
L200003	340419				
3. The date this mer	mber/manager withdrew/resig	gned or will withdr	aw/resign is: 10/2	27 20	20
4.1. SOISMU	I Lacoura en la lacoura en	, hereby withd			
1 101 1 101 1	Zed Member.				
of this limited liab	ility company and affirm the	limited liability co	ompany has been noti	ified of m	ıy
resignation in wri					
Signature of Dis	ssociating Member or Resign	ing Manager		2020 DEC	
Filing Fee:	\$25,00 (Required)			- C	* •
Certified Copy:				-7	
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