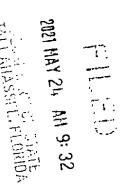
L21000181008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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05/24/21--01015--015 **50.00





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 li	imited liability company as it appears on the records of the Florida Departm	ient
of State is:	Brothers Mofors LLC	
2. The Florida docum	ment/registration number assigned to this limited liability company is:	
<u>LZIC</u>	000181008	
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: $\frac{5}{20}$ $\frac{20}{20}$	21
4.1. Simcon	ne of Person Resigning). hereby withdraw/resign as a	
Authorised	1 Member (AMBR)	
of this limited liabi resignation in writi	ility company and affirm the limited liability company has been notified of i	ný
Janear (Justus Sociating Member or Resigning Manager 32	سید سیا
Signature of Diss	sociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	