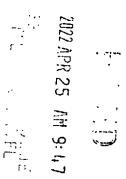


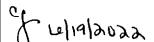
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to Filing	g Officer:	





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COVER LETTER

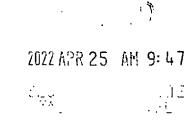
Division of Corporations BIZ BROKERS US, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: JOSE MAURICIO BELLO, ESO. (Contact Person) JOSE MAURICIO BELLO, P.A. (Firm/Company) 1290 WESTON ROAD, SUITE 220 (Address) WESTON, FL 33326 (City/State and Zip Code) For further information concerning this matter, please call: JOSE MAURICIO BELLO (Name of Contact Person) (Area Code & Davtime 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:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

CR2E079 (2/14)

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)

	limited liability company as it appears on the records of the Florida Department BROKERS US. LLC
2. The Florida doct	ument/registration number assigned to this limited liability company is:
3. The date this me 4. I, Alice McLaughl	mber/manager withdrew/resigned or will withdraw/resign is: 04/15/2022 in, hereby withdraw/resign as a lame of Person Resigning)
Manager and Mer	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Alice W	AcLaughlin
Signature of Di	AcLaughlin ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)