

L22000225619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

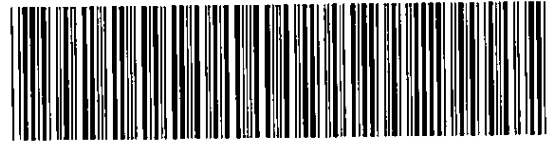
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HORNE  
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RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from acct: AMOUNT: \$25.00

AUTHORIZATION: *[Signature]*  
Brother Roasted LLC L22000225619 Acct # I20210000140  
Business Name Document #

     Certified Copy of Articles of Organization  
Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

     Amendment  
  X   Resignation  
     Change of Registered Agent  
     Dissolution  
     Merger  
     Conversion  
     Amended and restated Articles  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE      Country

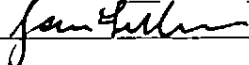
**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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AUTHORIZATION: 

\_\_ Brother Roasted LLC L22000225619

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**REGISTRATION/QUALIFICATIONS**

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\_\_ Limited Partnership  
\_\_ Reinstatement  
\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: BROTHER ROASTED 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:

AHMAD KAHALA  
(Contact Person)

(Firm/Company)

12208 N 56th St.  
(Address)

Temple Terrace, FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

AHMAD KAHALA at 813 454-2668  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 FEB 28 AM 9:41  
SECRETARY  
TALLAHASSEE

**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: BROTHER ROASTED LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000225619


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/27/2023

4. I, AHMAD KAHALA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(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)