

L2300007S179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

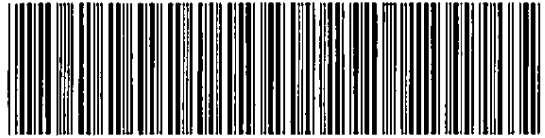
(Business Entity Name)

(Document Number)

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5/18/23  
V.L.M.

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2023 MAR 13 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRAS INVESTMENTS GROUP 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:

AMADO J SULBARAN RAMOS

\_\_\_\_\_  
(Contact Person)

BRAS INVESTMENTS GROUP LLC

\_\_\_\_\_  
(Firm/Company)

7520 NW 104TH AVE, STE A103 PMB 4174

\_\_\_\_\_  
(Address)

DORAL, FL 33178

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

AMADO J SULBARAN RAMOS

\_\_\_\_\_  
(Name of Contact Person)

786

5578875

at (\_\_\_\_\_) \_\_\_\_\_

(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

**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: BRAS INVESTMENTS GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000075179

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/07/2023

4. I, BELKIS M RAMOS FLORES, 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)

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TALLAHASSEE, FL