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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	BROWNESTONE LLC		
	(Name of	Limited Liability Con	ipany)
The er	nclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please	return all correspondence concern	ing this matter to:	
DENIS	SE KALLAND ESQ.		
	(Contact Person)		-
DENIS	SE KALLAND PA		
**	(Firm/Company)		-
4242 W	VEST MAIN STREET		
	(Address)		-
JUPITI	ER, FL 33458		
	(City/State and Zip Code)		-
For fu	irther information concerning this r	matter, please call:	
DENIS	SE KALLAND	561	536-5818
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed please find a check made payal	,	·
☐ \$2:	5 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
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 816

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)

	limited liability company as	• •	of the Florida Department	
2. The Florida docu L23000273331	ument/registration number a	ssigned to this limited liab	bility company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	esign is:	
LISA MADIE R	POWNE	, hereby withdraw/resign as a		
MANAGER	, , ,			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability compar	ny has been notified of my	
Sus	aM Brown) 	FILI 2023 JUN 22 SECRETAR STALLAR	
Signature of Di	ssociating Member or Resig	ining Manager	IN 22	
•	\$25.00 (Required) \$30.00 (Optional)		PH 5:4 2 PH 5:4 2 PH 5:4 2 PH 5:4	