

L24000 366 578

(1	Requestor's Name)			
(Address)				
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(1)	City/State/Zip/Phone #)			
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SECRETARY OF STATE AND A MASSEE, FI

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BROTHER LAUR STORE 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:
HENRY Jaceus (Contact Person)
BROTHERZ LIQUOR STORE LLC (Finn/Company)
2754 W OAKLAND PARK BLVD (Address)
FORT LAWER DALE FL 33311 (City/State and Zip Code)
For further information concerning this matter, please call:
HENRY JOACEUS at (954) 1638-12-58 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ☐ S25 Filing Fee ☐ S55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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: Br	POTHERZ LIQUOR	STORE LLC	
2. The Florida docu	nment/registration number as	ssigned to this limited liab	oility company is:
L240003	166578	 ·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	sign is: 11-01-2024
4. I. JONATHA (Print N	ame of Person Resigning)	, hereby withdraw/re	esign as a
Managi	(Print Title)		
of this limited lia resignation in wr	oility company and affirm thiting.	e limited liability compan	y has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	FIL 2024 NOV 14 SECHETAR TALLAH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OV IL PH 3: