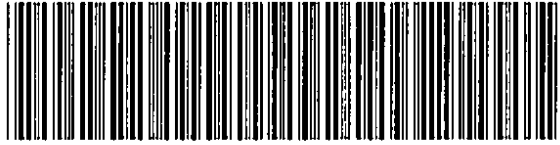


M16000004202



900395589049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

STATE OF FLORIDA

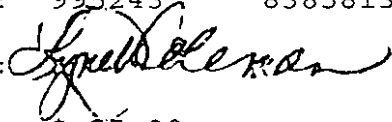
2022 OCT -7 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 OCT -7 AM 10:46

**FILED**

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 995243 8385813  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : October 6, 2022  
ORDER TIME : 9:01 AM  
ORDER NO. : 995243-010  
CUSTOMER NO: 8385813  
-----

FOREIGN FILINGS

NAME: BRAVI INVESTMENT LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRAVI INVESTMENT LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFONSO J BRAZZINI  
\_\_\_\_\_  
(Name of Person)

BRAVI INVESTMENT LLC  
\_\_\_\_\_  
(Firm/Company)

15701 COLLINS AVE, UNIT 2701  
\_\_\_\_\_  
(Address)

SUNNY ISLES BEACH, FL 33160  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Guisella Pasetta +51 987564607  
\_\_\_\_\_  
(Name of Person) at ( ) (Area Code & Daytime Telephone Number)

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**FILED**

**2022 OCT -7 AM 10:46**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

BRAVI INVESTMENT LLC

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

TWENTY-FIFTH DAY OF MAY, A.D. 2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

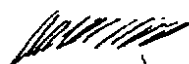
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\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: SEVEN DAY OF OCTOBER, A.D. 2022 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
\_\_\_\_\_  
(Signature of authorized representative)

ALFONSO J BRAZZINI

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**