

L11000002710

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 28 PM 2 28

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bricks & Mortar Holdings, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000002710

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Andy Carlton**

Name of Person

**Bricks & Mortar Holdings, LLC**

Name of Firm/Company

**7960 Baymeadows Way, Ste.100**

Address

**Jacksonville, FL 32256**

City/State and Zip Code

**llcrews59@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Andy Carlton**

Name of Person

at ( **828** ) **505-7177**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 OCT 29 PM 2:23  
FILED  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

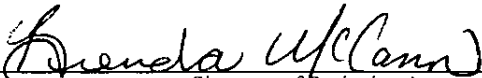
**Brenda McCann, Esq.** \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **Bricks & Mortar Holdings, LLC** \_\_\_\_\_  
Name of Limited Liability Company

**L11000002710** \_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
2019 OCT 28 PM 2:29  
TALLHASSEE, FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**