114000173763

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
DIVISION OF CORPORATION:

K. SALY JAN - 9 2018

COVER LETTER

Registration Section

Division of Corporations

TO:

BRICK AND MORTAR RECORDS LLC SUBJECT: (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: Gabriel E. Adam, Esquire (Contact Person) The Adam Law Firm, P.A. (Firm/Company) 111 E Lake Mary Blvd., Suite 107 (Address) Sanford, FL 32773 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (40) 324 - 08 \ (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 STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





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 it appears on the records of the Florida Departmen CK AND MORTAR RECORDS LLC
	iment/registration number assigned to this limited liability company is: L14000173763
PALI D WII	mber/manager withdrew/resigned or will withdraw/resign is:
Authorized M	
resignation in wr	bility company and affirm the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)