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(Pa	questor's Name)	
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OA)	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	· <u> </u>
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COVER LETTER

Registration Section **Division of Corporations** 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: 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:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

TO:





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 Department
of State is: BR	ICK AND MORTAR RECORDS LLC
2. The Florida doc L1400173763	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{(C/30/201)^{-3}}{(C/30/201)^{-3}}$
(OLINI VAZILI	AA40
(Print)	/ame of Person Resigning), hereby withdraw/resign as a
Authorized M	ember
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)