L11000066472

(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:		



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07/25/11--01017--010 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

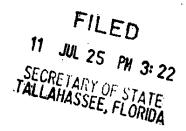
COVER LETTER

Division of Corporations	
SUBJECT: A Brick ABOVE (Name of Limited	MASORY LLC, Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Tames Mars Hall Power (Contact Person)	15
A Brick Above Mason	CYLLC
2229 SandRidge Circ	le
Eustis, FL, 32726 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, p	please call:
Tames Mars HALL Powers at (Name of Contact Person)	(352) 455-6097 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it appears on the records of the Florida Department Brick Above Masonry LLC.
2. This limited liabili	ty company was organized under the laws of:
	ent/registration number of this limited liability company is:
,	ity company and affirm the limited liability company has been notified of my
James	ing Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)