L15000181732

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COVER LETTER

VISTA BRICKS, LLC **SUBJECT:** Name of Limited Liability Company L15000181732 **DOCUMENT NUMBER** 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: **LAURA CAILLOT** Name of Person Name of Firm/Company 5900 NW 99TH AVENUE UNIT 4 Address **DORAL FLORIDA 33178** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURA CAILLOT 786 2523214 Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ons of section 605.0115, Florida Statute | s, the undersigned, | | |
|---------------------------|--|---------------------------------------|-------------|--------|
| LAURA CAILLOT | | , hereby resigns as | | |
| | Name of Registered Agent | , nereby resigns as | | |
| Registered Agent for _ | ISTA BRICKS, LLC | | | |
| | Name of Limited Liability Compa | nny | , | |
| L15000181732 | | | T: | |
| | | | | |
| Document N | umber, if known | | 5 | |
| A copy of this resignati | on was mailed to the above listed limite | ed liability company at its last know | vn address. | * |
| The agency is terminate | ed and the office discontinued on the 31 | | | filed. |
| | Signature of Resign | ning Agent | 1 1:05 | Ç |
| If signing on behalf of | an entity: | | | |
| | LAURA CAILLOT | | | |
| | Typed or Printed Name | 8 | | |
| | Capacity | | | |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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