U0001365

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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I3 JUL 23 PM 3: 20 SECRETARY OF STATE LLAHACSEE FERSION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Brickell.com, LI		
(Name of	Limited Liability Con	ipany)
The enclosed member, managing member filing.	r or manager resig	nation and fee(s) are submitted f
Please return all correspondence concerni	ing this matter to:	
Gayle Epner		
(Contact Person)		_
Brickell.com, LLC		
(Firm/Company)		-
1395 Brickell Avenue,	Ste #800	
(Address)	****	-
Miami, FL 33131		
(City/State and Zip Code)		_
For further information concerning this n	natter, please call:	
Gayle Epner	_{at (} 305	379-0203 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida D	Department of State for:
□ \$25 Filing Fee		\$55 Filing Fee &
		Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327
Tallahassee, Florida 32301		Tallahassee, Florida 32314
ramanassee, fiorida 32301		

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as	• •	of the Florida Department
2. This limited liabi	lity company was organized	l under the laws of:	
	ment/registration number of	f this limited liability com	pany is:
4. I, <u>Alex \</u> (Print No.	Vadia ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)
resignation in wri	pility company and affirm the ting. gning Member, Managing N		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		13 JUL 1 SECRETA