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Office Use Only



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THE SEE FLORIDA

S. WARREN
JUL 0 6 2017

COVER LETTER

Division of Corporations	
SUBJECT: BRICKMED LLC	
	nited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jewel Lambert	
(Contact Person)	
(Firm/Company)	
2950 SW 3rd Ave Apt 5E	
(Address)	
Miami, FL 33129	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Jewel Lambert	786 220-0199
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t S25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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)

of State is:	•	as it appears on the records of	The Florida Department
2. The Florida doci	•	assigned to this limited liabil	ity company is:
lewel Lambe	art	esigned or will withdraw/resigned, hereby withdraw/resi	
Member	dame of Person Resigning) (Print Title)		
of this limited lia resignation in wr		the limited liability company	has been notified of my
Signature of Di	ssociating Member or Resi	igning Manager	
	\$25.00 (Required) \$30.00 (Optional)		17 JUL -3 F