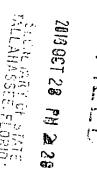
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(Requestor's Name)					
(Address)					
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PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

_{subject:}Bricks & Mortar Holdings, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000002710

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:

Andy Carlton

Name of Person

Bricks & Mortar Holdings, LLC

Name of Firm/Company

7960 Baymeadows Way, Ste.100

Address

Jacksonville, FL 32256

City/State and Zip Code

Ilcrews59@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Carlton

Name of Person

Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions o	f section 608.416(2) or 608.50	9, Florida Statutes, the undersi	gned,	
Brenda McCann, Esq.		, hereby resign:	by resigns as	
	ne of Registered Agent			
Registered Agent for Bric	ks & Mortar Holding	gs, LLC		
	Name of Limited Liability C	Company		
L11000002710				
Document Number	, if known			
A copy of this resignation w	as mailed to the above listed l	imited liability company at its	last known address.	
The agency is terminated an	d the office discontinued on th	ne 31st day after the date on wl	nich this statement s filed.	
	Branda U Signature of	(Cann) Resigning Agent	WHASSET	
If signing on behalf of an en	tity:			
	Typed or Printed	Name	57 8	
<u></u>	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