

A18000101422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

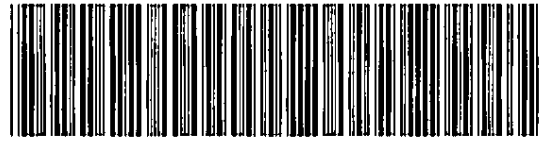
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700369517327

07/07/21--01036--015 \*\*25.00

FILED  
2021 JUL -7 PM 3:01  
ALBRITTON

Resignation

JUL 28 2021  
ALBRITTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: BRICKMAR LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MATIAS MONASTIRSKY  
(Contact Person)

MMM MANAGEMENT GROUP LLC  
(Firm/Company)

323 S 21ST AVENUE SAE L  
(Address)

HOLLYWOOD FLORIDA 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATIAS MONASTIRSKY at ( 954 ) 505-3219  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2021 JUL -7 PM 3:01  
TALLAHASSEE

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BRICKMAR LLC

2. The Florida document/registration number assigned to this limited liability company is: LAB000101422

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/23/2021

4. I, JW MANAGEMENT VENTURE LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AUTHORIZED REPRESENTATIVE (AR)  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)