## 118000101422

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RESIGNATion

JUL 28 2021 ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: BRICKMAR W. (Name of Limited	Liability Company)
The enclosed member, resignation or dissociation	
Please return all correspondence concerning this	s matter to:
MATIAS MONASTIRSKY (Contact Person)	
MMM MANAGEMENT GLOVI  (Firm/Company)	
323 S 2181 AVENUE L.	HE C
Howwood From 330 (City/State and Zip Code)	20
For further information concerning this matter,	please call:
MATIAS MONASTINSKY at (Name of Contact Person)	( <u>959</u> ) <u>505 - 3219</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to tl  ■ \$25 Filing Fee	ne Florida Department of State for: ] \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314







## 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 Departmen
of State is:	BRICKMAR LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
18000	101422
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{6/23/2021}{}$
	GENT SENSUE UC, hereby withdraw/resign as a lame of Person Resigning)
AVTHOR!	CED REPRESENTATIVE (AL) (Print Title)
	bility company and affirm the limited liability company has been notified of my
<del></del>	2
Signature of Di	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)