

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082439

Entity Name: BRICAS LLC**Current Principal Place of Business:**8871 LAKE DR
G-205
CAPE CANAVERAL, FL 32920**Current Mailing Address:**8871 LAKE DR
G-205
CAPE CANAVERAL, FL 32920**FEI Number:** 90-0599566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CECILIA, CASTORANI
8871 LAKE DR
G-205
CAPE CANAVERAL, FL 32920 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	CECILIA, CASTORANI
Address	8871 LAKE DR SUITE G-205
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MGRM
Name	MARIANELA, GIMENEZ
Address	8871 LAKE DR SUITE G-205
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	MGRM
Name	MAQUEZ, JIMENA
Address	VICTOR MARTINEZ 204 CAPITAL FEDERAL
City-State-Zip:	BUENOS AIRES, ARGENTINA 1406

Title	MGRM
Name	RODRIGUEZ, ALEJANDRA
Address	VICTOR MARTINEZ 204 CAPITAL FEDERAL
City-State-Zip:	BUENOS AIRES, ARGENTINA 1406

Title	MGRM
Name	VALENCIA, DORA
Address	CALLE MONFORTE #26 PISO 3
City-State-Zip:	LUGO, ESPANA -- 27003

Title	MGRM
Name	TOLEDO, ULISES
Address	VICTOR MARTINEZ 204 CAPITAL FEDERAL
City-State-Zip:	BUENOS AIRES, ARGENTINA 1406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CECILIA CASTORANI**MANAGER MEMBER****03/22/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date