

#L08000023645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

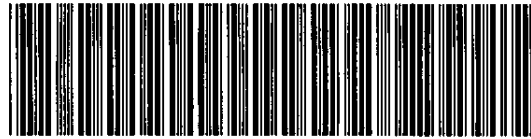
(Business Entity Name)

(Document Number)

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

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FILED

2014 FEB 18 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

FEB 19 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRICECOM, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Brice

(Name of Person)

Bricecom, LLC

(Firm/Company)

5254 Rivermill Lane

(Address)

Lake Worth, FL. 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Brice

(Name of Person)

at ( 754 ) 2645251

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

**2014 FEB 18 PM 2:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is

BRICECOM, LLC

2. The Articles of Organization were filed on 03/06/2008 and assigned  
document number L08000023645

3. The delayed effective date the dissolution if not effective on the date of filing: n/a

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The Limited Liability Company has not been profitable hence the pursuant to dissolve.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Michael Brice

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature

Printed Name

Michael Brice

Michael Brice

**FILING FEE: \$25.00**