

L220000314570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

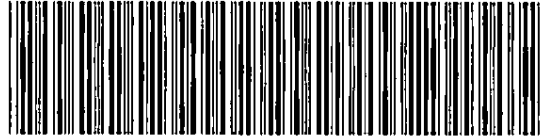
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



900419218019

12/04/22--01028--022 **55.00

FILED
2023 DEC -4 AM 9:25
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

BRIERREPHOTOGRAPHY LLC

SUBJECT: _____
(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:

Gerald Brierre

(Name of Person)

Brierrephotography

(Firm/Company)

3800 S Ocean Dr #1715

(Address)

Hollywood/Florida 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Brierre

305

323 -2791

(Name of Person)

at (

_____) _____
(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 Address:

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

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

FILED

2023 DEC -4 AM 9: 26

1. The name of a limited liability company is
Brierrephotography LLC

2. The Articles of Organization were filed on 07/14/2022
document number L22000314570

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. The delayed effective date the dissolution if not effective on the date of filing: 12/05/2023
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Age, Mobility and lack of clients

Age, Mobility and lack of clients

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

NONE

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

Gerald Brierre

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Brierrephotography LLC

Name of Limited Liability Company: _____

L 22000314570

Document number of Limited Liability Company is: _____

12/05/2023

Date of dissolution was: _____

Description of information that must be included in a written claim:

Age, Mobility and lack of clients

FILED
2023 DEC -4 AM 9:26
TALLAHASSEE, FLORIDA

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

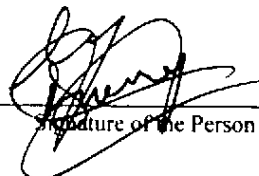
3800 S Ocean Dr #1715

Hollywood, Florida 33019

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Gerald Brierre

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00