## 514117

| (Re                                     | equestor's Name)   |           |  |
|-----------------------------------------|--------------------|-----------|--|
| (Ac                                     | ldress)            |           |  |
| (Ac                                     | ldress)            |           |  |
| (Cit                                    | ty/State/Zip/Phone | a #)      |  |
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DIVISION OF CORPORALISMS

12 FEB 27 AM II: 17

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## **COVER LETTER**

| TO: Amendment Section                                                                                                                                           |                     |                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|--|--|
| Division of Corporations                                                                                                                                        |                     |                                 |  |  |
|                                                                                                                                                                 |                     |                                 |  |  |
| SUBJECT: Brico Land Co.                                                                                                                                         |                     |                                 |  |  |
| SUBJECT:                                                                                                                                                        |                     |                                 |  |  |
|                                                                                                                                                                 |                     |                                 |  |  |
| DOCUMENT NUMBER: S14117                                                                                                                                         |                     |                                 |  |  |
| The state of Disselection of the                                                                                                                                | S                   | C1'                             |  |  |
| The enclosed Articles of Dissolution and f                                                                                                                      | ee are submitted to | r ming.                         |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                       |                     |                                 |  |  |
| •                                                                                                                                                               | _                   |                                 |  |  |
| Debert M. Clerk                                                                                                                                                 |                     |                                 |  |  |
| Robert W. Clark                                                                                                                                                 | C                   |                                 |  |  |
| (Name of                                                                                                                                                        | Contact Person)     |                                 |  |  |
| Clark Mueller Bierley, PLLC                                                                                                                                     |                     |                                 |  |  |
| (Firm/Company)                                                                                                                                                  |                     |                                 |  |  |
| 400 \4/\4/\4/\4/\4/\4/\4/\4/\4/\4/\4/\4/\4/\                                                                                                                    |                     |                                 |  |  |
| 102 W Whiting Street Suite 302                                                                                                                                  |                     |                                 |  |  |
| (A                                                                                                                                                              | ddress)             |                                 |  |  |
| Tampa, Florida 33602                                                                                                                                            |                     |                                 |  |  |
|                                                                                                                                                                 | ite and Zip Code)   |                                 |  |  |
|                                                                                                                                                                 | ,                   |                                 |  |  |
| For further information concerning this ma                                                                                                                      | tter, please call:  |                                 |  |  |
|                                                                                                                                                                 |                     |                                 |  |  |
| Robert W. Clark                                                                                                                                                 | at ( 813            | 226-1880                        |  |  |
| (Name of Contact Person)                                                                                                                                        |                     | ode & Daytime Telephone Number) |  |  |
| (Name of Contact Leison)                                                                                                                                        | (Alea C             | ode & Daytime Telephone (value) |  |  |
| Enclosed is a check for the following amou                                                                                                                      | int:                |                                 |  |  |
| (1025 Eiling Egg   1042 75 Eiling Egg &                                                                                                                         | □ 042.75 Eiling E   | on P.   D\$50.50 Eiling Egg     |  |  |
| ✓\$35 Filing Fee  \$43.75 Filing Fee & \$\sum \$\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & |                     |                                 |  |  |
| Confidence of Status                                                                                                                                            | (Additional copy    |                                 |  |  |
|                                                                                                                                                                 | enclosed)           | (Additional copy is             |  |  |
|                                                                                                                                                                 |                     | enclosed)                       |  |  |
| MAII ING ADDDESS.                                                                                                                                               |                     | STREET ADDRESS:                 |  |  |
| MAILING ADDRESS: Amendment Section                                                                                                                              |                     | Amendment Section               |  |  |
| Division of Corporations                                                                                                                                        |                     | Division of Corporations        |  |  |
| P.O. Box 6327                                                                                                                                                   |                     | Clifton Building                |  |  |
|                                                                                                                                                                 |                     | •                               |  |  |
| Tallahassee, FL 32314                                                                                                                                           |                     | 2661 Executive Center Circle    |  |  |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:                                                                                                                                          |                                                                         |  |  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|
|         | Brico Land Co.                                                                                                                                                                                                                |                                                                         |  |  |
| SECOND: | The document number of the corporation (if known): S14117                                                                                                                                                                     |                                                                         |  |  |
| THIRD:  | The date dissolution was authorized: February 16, 2012                                                                                                                                                                        |                                                                         |  |  |
|         | Effective date of dissolution if applicable: (no more than 90 days after dissolution                                                                                                                                          | file date)                                                              |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)                                                                                                                                                                                           |                                                                         |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast to was sufficient for approval.                                                                                                                        | for dissolution                                                         |  |  |
|         | Dissolution was approved by the shareholders through voting groups.                                                                                                                                                           |                                                                         |  |  |
|         | The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:                                                                                                       | ntitled                                                                 |  |  |
|         | The number of votes cast for dissolution was sufficient for approval by                                                                                                                                                       |                                                                         |  |  |
| \$      | Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | SECRETARY OF STATE OF STATE OF SOUR OF CORPORATIONS 12 FEB 27 AM II: 17 |  |  |
|         | Brian O'Neil  (Typed or printed name of person signing)                                                                                                                                                                       |                                                                         |  |  |
|         |                                                                                                                                                                                                                               |                                                                         |  |  |
|         | President (Title of person signing)                                                                                                                                                                                           |                                                                         |  |  |
|         | (Title of person signing)                                                                                                                                                                                                     |                                                                         |  |  |

Filing Fee: \$35