

L100000068342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

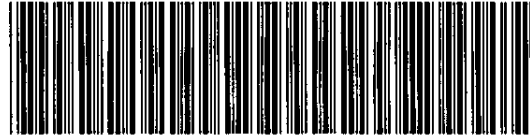
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800268411408

01/20/15--01039--002 **25.00

FILED

15 JAN 20 PM 2:45
SOUTHERN STATE
TALLAHASSEE, FLORIDA

JAN 30 2015

T. BROWN

Diss

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haute-Heads, 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:

Nicole M. Morris

(Name of Person)

Haute-Heads, LLC

(Firm/Company)

2025 SW Marblehead Way

(Address)

Port St. Lucie, FL 34953-4388

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Morris

(Name of Person)

772

882-8990

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/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
15 JAN 20 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Haute-Heads, LLC

2. The Articles of Organization were filed on 06/28/2010 and assigned

document number L10000068342

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

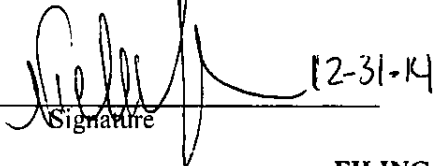
Failed Business Venture

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

2025 SW Marblehead Way

Port St. Lucie, FL 34953-4388

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

12-31-14 Nicole M. Morris

Printed Name

FILING FEE: \$25.00