

L 10000099229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

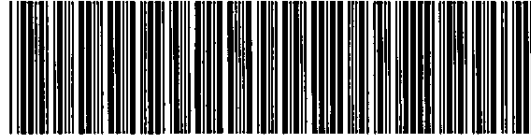
(Business Entity Name)

(Document Number)

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

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800284694038

04/26/16--01012--010 \*\*25.00

FILED

2016 APR 26 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR 28

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** High Pics 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 Matuszczak

(Name of Person)

High Pics LLC

(Firm/Company)

15 Chickasaw Ct.

(Address)

Palm Coast FL 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Matuszczak

(Name of Person)

at 386 445 4110

(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  
2016 APR 26 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
High Pics, LLC

2. The Articles of Organization were filed on September 22, 2010 and assigned  
document number L 100000 99229

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2016  
(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).

Closed for Business

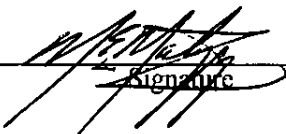
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

Michael Matuszczak

15 Chickasaw Court

Palm Coast FL 32137

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

Michael Matuszczak  
Printed Name

FILING FEE: \$25.00