L12000111646

(Re	equestor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Bı	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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T. BURNE JAN 0. 9, 2014

COVER LETTER

Division of Corporations				
SUBJECT: PIXIE PICK 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:				
April Chambers (Name of Person)				
(Name of Person)				
PIXIL PICK LLC (Firm/Company)				
(Firm/Company)				
455 SChoolnouse Rd (Address)				
(Address)				
Jupiter FL 33458 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
April Chambers at (501) 420 9159 (Name of Person) (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:

TO:

Registration Section

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

1.	The name of a limited liability company is			
	PIXIE PICK LLC			
2.	The Articles of Organization were filed on $\frac{8}{29}$ $\frac{2012}{2012}$ and assigned			
	document number <u>L12000111(0410</u>			
3.	The delayed effective date the dissolution if not effective on the date of filing: 12.31.2013			
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 505.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	voluntary dissolution by all members			
	ਸੀ ਵਿੱਚ ਸ਼ਹੂਰ ਜਨੂਰ			
		& ~		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's	- 6 ut		
	activities and affairs: April Chambers			
	455 Schoolhouse Rd			
	Jupiter FL 33458			
6. at	Signature of an authorized person or if there are no members, the signature of the person appointed and bove to wind up the company's activities and affairs:	listed		
	Signature Printed Name			
	April Chambers			
	, / V			

FILING FEE: \$25.00