

L12000 113620

(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



600329918996

06/04/13--01017--013 **25.00

Effective Date 6/10

19 JUN -4 AM 11:02

Dissolution

JUN 20 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highpoint Funding, 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:

John Butler
(Name of Person)

Highpoint Funding, LLC
(Firm/Company)

6501 Congress Ave, Ste 140
(Address)

Boca Raton, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

John Butler at 561, 404-5150
(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:
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

19 JUN -4 AM 11:02
CLERK OF STATE
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is

Highpoint Funding, LLC

2. The Articles of Organization were filed on 8/10/2012 and assigned

document number L12000113620

3. The delayed effective date the dissolution is not effective on the date of filing: 6/10/19
(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).

No longer operating Business functions

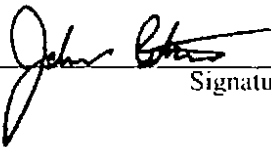
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

John Butler

6501 Congress Ave, Ste 140

Boca Raton FL 33487

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

John Butler

Printed Name

FILING FEE: \$25.00

FILED
CLERK OF STATE
CORPORATIONS
19 JUN -4 AM 11:02