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(Re	questor's Name)				
(Ad	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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Office Use Only



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12/03/18--01023--025 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

Highlights and More, 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:

Donna L. Allen	
(Name of Person)	
(Firm/Company)	
P.O. Box 6175	See L
(Address)	TO THE
Gainesville, FL 32627	
(City/State and Zip Code)	一意

For further information concerning this matter, please call:

Donna L. Allen
(Name of Person)

(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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is			
	Highlights and More, LLC			
2.	The Articles of Organization	were filed on August	10, 2015	and assigned
	document number 1.1500013	5893		
3.		is block does not meet t	he applicable statutory filing re	December 15, 2018 locument is received for filing) equirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the lin copy 605.0707 on back	nited liability company's di k cover letter).	ssolution pursuant to section
	The members of the company u	nanimously voted to diss	solve the company subsequent	to the company ceasing
	all business operations.			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				10 mg 10
5.	If there are no members, ento activities and affairs:	er the name and addre	ss of the person appointed t	o wind up the company
6. li:	Signature of an authorized p sted above to wind up the com	erson or if there are no apany's activities and a	o members, the signature of affairs:	the person appointed and
ر	one fille	<u> </u>	Donna L. Alien	
	Signature		Printed	Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Highlights and More, LLC
Document number of Limited Liability Company is: L15000135893
Date of dissolution was: December 15, 2018
Description of information that must be included in a written claim:
1) Claimant name, address, phone number, and email address.
2) Account and/or invoice number(s) of unpaid claim, if any.
3) Name and contact information for point of contact representing claimant.
4) Amount of claim.
5) Date obligation creating claim was incurred.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Donna L. Allen	· · · ·
P.O. Box 6175	
Gainesville, FL 32627	

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Donna L. Allen

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00