## L20000365915

(Re	questor's Name)	<u> </u>			
(Ad	dress)	<u> </u>			
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP		MAIL			
(Bu	siness Entity Nan	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				

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Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Rocky Mountain High. ILC

(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 Weisser

(Name of Person)

(Firm/Company)

20155 NE 38 Court, Suite 201

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

 Michael Weisser
 at (305) 690-9110

 (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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. FILED

١.	The	name	of a	limited	liability	company	is

Signature

2024 JUL 11 AM 11: 50

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		TALLAHASSEE. FLORIDA
		TALLAHASSEE. FLORIDA
were filed on	November 18, 2020	and assigned
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the name an	d address of the person a	ppointed to wind up the company's
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rson or if the	re are no members, the sig	gnature of the person appointed and li
activities and	l affairs:	
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	915 e dissolution ate cannot be pr s block does n ve date on the nat resulted in py 605.0707	e dissolution if not effective on the dat ate cannot be prior to or more than 90 days late s block does not meet the applicable statu ve date on the Department of State's recor- nat resulted in the limited liability com opy 605.0707 on back cover letter).

FILING FEE: \$25.00

Printed Name