

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREE TOP CAPITAL, 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:

 JAMES R OWENS SR

(Name of Person)

(Firm/Company)

 435 DOCKSIDE DR UNIT 1002

(Address)

 NAPLES, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

 JAMES R OWENS SR

(Name of Person)

at (239) 272-1191

(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

2014 JAN 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


1. The name of a limited liability company is
TREE TOP CAPITAL, LLC
2. The Articles of Organization were filed on MAY 05, 2005 and assigned
document number L05000044664
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).
SHUT DOWN OPERATIONS

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

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

Printed Name



JAMES R OWENS SR

FILING FEE: \$25.00