L06000035116

(Re	equestor's Name)	
(Ad	dress)	
· (Ad	ldress)	
(Cil	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300255271413

01/21/14--01003--013 **25.00

2014 JAN 21 PM 12: 20
SECRETARY OF STATE
ORIDA

COVER LETTER

SUBJECT: It's Your Money, LL Co. (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:
LYNN ADAMS (Name of Person)
IT'S YOUR MONEY UC
2768 SR AIA APT 308 (Address)
Atlantic Beach FL 32233-2885 (City/State and Zip Code)
For further information concerning this matter, please call:
Lynn Adams at (904 270 - 2876 (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 21 PM 12: 21

1.	The name of a limited liability company is SECRETARY OF STATE TALLAHASSEE, FLORIDA
	IT'S YOUR MONEY LC
2.	The Articles of Organization were filed on $\frac{4/5/2006}{2000035176}$ and assigned document number $\frac{206000035176}{20000035176}$
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). Changing Corporate Structure and entity type to A SUBS Corporation OR 1120-S Corporation.
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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Printed Name
	ichalm Odams Michealyn Adams

FILING FEE: \$25.00