

LO7000036236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

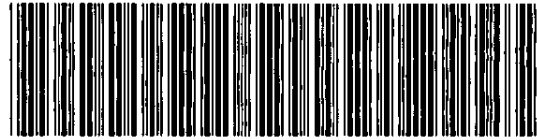
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 OCT 23 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 843305 4188E

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 23, 2015

ORDER TIME : 11:02 AM

ORDER NO. : 843305-005

CUSTOMER NO: 4188E

DOMESTIC FILINGS

NAME: THE MUTUAL FUND STORE-FLORIDA,
LLC

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TALLAHASSEE, FLORIDA

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mutual Fund Store-Florida, 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:

Sarah Pfannenstiel

(Name of Person)

Bryan Cave LLP

(Firm/Company)

1200 Main Street, Suite 3800

(Address)

Kansas City, MO 64105

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Pfannenstiel

(Name of Person)

at

816 374-3367

(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

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

1. The name of a limited liability company is

The Mutual Fund Store-Florida, LLC

2. The Articles of Organization were filed on April 5, 2007 and assigned

document number L07000036236

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

The sole member of the company has agreed by unanimous consent that the company should no longer conduct

business.

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:

TMFS Holdings, LLC, Member

by: 

Clifford M. Brandt, Chief Compliance Officer

Signature

TMFS Holdings, LLC, Member, by: Clifford M. Brandt, Chief Compliance Officer

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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: The Mutual Fund Store-Florida, LLC

Document number of Limited Liability Company is: L07000036236

Date of dissolution was: _____

Description of information that must be included in a written claim:

(1) claimant name, address, and phone number; (2) name of debtor; (3) account or other number by which the debtor may identify

the creditor; (4) a brief description of the nature of the debt or the basis of the claim; (5) the amount of the claim; (6) the date the

claim was incurred; and (7) supporting document for the claim, if any

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

TMFS Holdings, LLC

7301 College Boulevard, Suite 220

Overland Park, Kansas 66210

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.

TMFS Holdings, LLC, Member; by: Clifford M. Brandt, Chief Compliance Officer

Printed Name of the Person Filing

TMFS Holdings, LLC, Member

by: Clifford M. Brandt
Clifford M. Brandt, Chief Compliance Officer

Signature of the Person Filing

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

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