Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BEST PRO SERVICES INC

Account Number : I20140000068 : (727)504-1870

Phone Fax Number

: (727)683-9500

LLC DISSOLUTION OR WITHDRAWAL

MONEY TREE, LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

MONEY TREE USA LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

SHULGIN, NIKOLAY

(Name of Person)

MONEY TREE USA LLC

(Firm/Company)

189 GALEWOOD CIR

(Address)

SAN FRANCISCO, CA 94131

(City/State and Zip Code)

For further information concerning this matter, please call:

SHULGIN, NIKOLAY -

_{ar} 415

301-8353

(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

The name of a limited liabili MONEY TREE USA LLC	ty company is		
The Articles of Organization	were filed on 10/23/2008	Note the state of	and assigned
document numberL080000			·
The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	date cannot be prior to or more this block does not meet the ap	han 90 days later than da plicable statutory filin	ing: the document is received for filing) ag requirements, this date will not b
A description of occurrence 605.0707, Florida Statutes, (o Do not do business	that resulted in the limited copy 605.0707 on back cov	liability company's er letter).	dissolution pursuant to section

			The state of the s
activities and affairs:			
Signature of an authorized poted above to wind up the com	erson or if there are no mer pany's activities and affair	nbers, the signature s: HULGIN, NIKOLAY	of the person appointed and
Signature			ed Name
	FILING FEE		Many TKER 2015 HOV -2
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