L12000015886

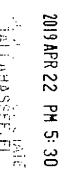
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

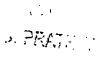
Office Use Only



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04/22/19--01013--003 **25.00





COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Trust Tree Financial | | | |
| (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: | | | |
| Brandon Opre | | | |
| (Name of Person) | | | |
| Trust Tree Financial | | | |
| | | | |
| 8712-Lindholm Dr #300 | | | |
| (Address) | | | |
| Huntersville, NC 28078 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Brandon Opre 31, 754, 703-6773 | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee and Certificate of Dissolution \$555.00 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

| 1. The name of a limited liability | | | |
|--|--|--|--|
| Trust Tre | e Fingncial | | |
| 2. The Articles of Organization v | were filed on $2/2/12$ and a | ssigned | |
| document number <u>L1200</u> | 100 15886 | | |
| Ante: If the date inscribed in this | dissolution if not effective on the date of filing:! te cannot be prior to or more than 90 days later than date document block does not meet the applicable statutory filing requirement of State's records. | t is received for filing) nents, this date will not be | |
| 4. A description of occurrence th 605.0707, Florida Statutes, (co | nat resulted in the limited liability company's dissolution by 605.0707 on back cover letter). | on pursuant to section | |
| Relocated | business to North | Carolina | |
| 5. If there are no members, enter activities and affairs: | the name and address of the person appointed to wind | l up the company PR | |
| | Brandon Opre | HASS P | |
| - | 8712 Lindholm Dr. #300 | in i | |
| - | Huntersville, NC 28078 | FF 30 | |
| - 6. Signature of an authorized per listed above to wind up the comp | son or if there are no members, the signature of the pe any's activities and affairs: | rson appointed and | |
| Bu Done | Brandon | Brandon Opre | |
| Signature Printed Name | | | |

FILING FEE: \$25.00