

L15 000 142768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

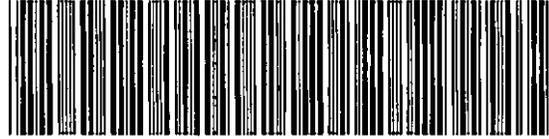
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/19--01017--029 **25.00

2019 MAR 27 PM 4: 54
SECRETARY OF STATE
MAIL CLASSIFICATION

APPROVED
AND
FILED

1.6.19
3/15/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICRE MONEY ON LINE 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:

CHARLOTTE SCHAFF - (WIFE OF RONALD SCHAFF DECEASED)
(Name of Person)

MICRE MONEY ON LINE LLC (MMOL LLC)
(Firm/Company)

5325 S. 25th STREET
(Address)

FORT WIERCE, FL 34981
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

CHARLOTTE SCHAFF at (772) 466-1606
(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

1. The name of a limited liability company is
MORE MONEY ONLINE (M.M.O.L.)

2. The Articles of Organization were filed on NOT AVAILABLE and assigned
document number NOT AVAILABLE

3. The delayed effective date the dissolution if not effective on the date of filing: 2016-2017 ?
(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).
THIS COMPANY NEVER DID BUSINESS! SALES TAX FORMS WERE FILED WITH STATE. MY HUSBAND IS DECEASED AND ALL BUSINESS RECORDS ON COMPUTER WERE DELETED. I WAS NOT PRIVY TO ANY INFORMATION.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: CHARLOTTE SCHAFF - WIFE OF DECEASED
5325 S. 25TH STREET
FORT PIERCE, FL 34981

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:

Charlotte Schaff
Signature

CHARLOTTE SCHAFF
Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED