

L15 000 142768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

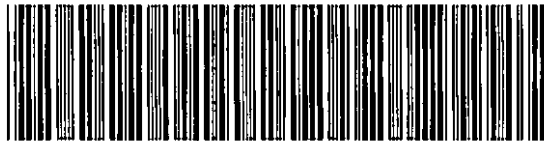
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

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AND  
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2019 MAR 27 PM 4: 54

SECRETARY OF STATE  
TALLAHASSEE, FL 32309

16  
3/25/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICKE 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)  
MICKE MONEY ON LINE LLC (MMOL LLC)  
(Firm/Company)  
5325 S. 25<sup>th</sup> STREET  
(Address)  
FORT PIERCE, FL 34981  
(City/State and Zip Code)

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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. 25<sup>TH</sup> 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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TALLAHASSEE, FL 32399

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AND  
FILED