L21 0000 37346

(Requestor's Name)
(Address)
(Address)
(1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

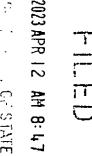
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Money Math	ers Multiservices LLC
/ (Name	of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this i	matter to the following:
	(Name of Person) Reyna
Money Mai	Hers Multiservices LLC (Firm/Company)
1876 183 rd	(Address)
Live Oak,	FC 32060 (City/State and Zip Code)
For further information concerning this matter, pl	ease call;
Silvia Reyna (Name of Person)	at (73Z) 762 - 5406 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	() tall dead at 12 years recipilate realists;
☑ \$25.00 Filing Fee and Certificate of Dissolut	ion
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
a second acres of a second sec	THE COUNTY OF FRICTION

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil Money Ma	Hers Multiservices LLC.	
2. The Articles of Organization	on were filed on <u>January 2021</u> and assigned	
document number <u>L2</u>	1000037346	
(effective Note: If the date inserted in	the dissolution if not effective on the date of filing: date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be etive date on the Department of State's records.	
605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).	
· · · · · · · · · · · · · · · · · · ·	a new job and no longer have run this business	
- Not prof	1725/e	
5. If there are no members, en	ter the name and address of the person appointed to wind up the company's:	
activities and affairs:	ter the name and address of the person appointed to wind up the company is the Silvin Reyna 22516 124th St.	1
	22516 124th St.	
	ter the name and address of the person appointed to wind up the company is: The State of the person appointed to wind up the company is: The State of the person appointed to wind up the company is: The State of the State of the person appointed to wind up the company is: The S	Ü
	TATE FL	
 Signature of an authorized phone to wind up the company 	person or if there are no members, the signature of the person appointed and listed 's activities and affairs:	
Mit	Silvia Reyna Printed Name	
Signature	Printed Name	

FILING FEE: \$25.00