123 060 289737

(Requestor's Name)
(Address)
(in the state of
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operations to 1 ming entreet.

Office Use Only



100419125191

11-20-23-0/023-003

1023 NOV 20 AM II: 50

COVER LETTER

1	Best Money Fund LLC			
BJECT:		ited Liability Compa	iny)	
e enclosed	Articles of Dissolution and fee(s) are subm	nitted for filing.		
ase return	all correspondence concerning this matter t	to the following:		
	Ana Sterling			
	(N	ame of Person)		
	Best Money Fund LLC			
	(1:	inn/Company)		
	4398 NW 26th Avenue			
		(Address)		
	Boca Raton, FL 33434			. 2
	rCity 9	State and Zip Code)		0231
or further in	formation concerning this matter, please ea	all:		2023 NOV 20 AM II: 50
Ana	Sterling	917 at (612-5001	20 AM
	(Name of Person)		ode & Daytime Telephor	ie Number) 71

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy (additional copy is enclosed)

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Best Money Fund LLC
2.	The Articles of Organization were filed on June 15, 2023 and assigned
	document number 1.23000289737
3.	The delayed effective date the dissolution if not effective on the date of filing. (effective date cannot be prior in or more than 40 days fater 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).
	Decided to not faunch the business.
	If there are no members, enter the name and address of the person appointed to wind up the editionary.
٥.	activities and affairs:
6. al:	Signature of an authorized person or if there are no members, the signature of the person appointed and listed pove to wind up the company's activities and affairs:
	Ana Sterling Printed Name
	Sygnature rimed Name

FILING FEE: \$25.00