## 206000109672

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

Special Instructions to Filing Officer:

A. LUNT

MAY 31 2011

**EXAMINER** 

Office Use Only



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04/19/12--01015--005 \*\*35.00

SEGRETARY OF STATE TALLAHASSEE, FLORID,

KINA 30 PM Pr



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2012

LOUIS A. GNANDT 2100 S. OCEAN DRIVE #2G FORT LAUDERDLAE, FL 33316

SUBJECT: MORTGAGEMOBILE LLC

Ref. Number: L06000109672

We have received your document for MORTGAGEMOBILE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 812A00014807

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

|                       | ation Section<br>in of Corporations       |  |  |
|-----------------------|---|--|--|
| SUBJECT:              | Mortana                                   | e Mobile, LLC<br>imited Liability Company)   |  |
|                       | (Name of Li                               | mited Liability Company)                     |  |
| The enclosed Ar       | rticles of Dissolution and fee(s) are sub | omitted for filing.                          |  |
|                       | correspondence concerning this matte      | _  |  |
|                       | Louis A. GNI                              | 140t   |  |
|                       | (   | Name of Person)                              |  |
|                       | N/a                                       |  |  |
|                       | • •                                       | (Firm/Company)                               | TC0                                    |
|                       | 2100 S. OCE                               | M DRIVE # QG (Address)                       | MIR MAY 30 PM                          |
|                       |   | (Address)                                    | TO THE SECURIOR                        |
|                       | Fort Lnuderd                              | Mc, FL 33316<br>//State and Zip Code)        |  |
|                       | (City                                     | /State and Zip Code)                         |  |
| D 0 4 + 0             |   | 11   | ₹ <sup>™</sup> <b>3</b>                |
|                       | rmation concerning this matter, please    |  |  |
|                       | (Name of Person)                          | at (754 ) 224                                | 1-8602                                 |
|                       | (Name of Person)                          | (Area Code & Daytime                         | Telephone Number)                      |
| Enclosed is a chec    | ck for the following amount:              |  |  |
| \$25.00 Filing F      | _   | \$55.00 Filing Fee &                         | \$60.00 Filing Fee,                    |
|                       | Certificate of Status                     | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| ☑ - \$ 35.            |   |  | (additional copy is enclosed)          |
|                       | MAILING ADDRESS:                          | STREET/COUF                                  | RIER ADDRESS:                          |
|                       | Registration Section                      | Registration Sect                            | ion                                    |
|                       | Division of Corporations<br>P.O. Box 6327 | Division of Corp<br>Clifton Building         | orations                               |
| Tallahassee, FL 32314 |   | 2661 Executive (                             | Center Circle                          |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| Mort Gale Mob.  2. The Articles of Organization were filed on 11/13/20   | •  |
|--|--|
| L 0 6000 109 672.  | and assigned document number                           |
| 3. The date the dissolution was approved: 4/16/20  | /2   |
| <ol> <li>A description of occurrence that resulted in the limited liabi<br/>608.441, Florida Statutes, (copy 608.441 on back cover lett</li> </ol> | ility company's dissolution pursuant to section ter).  |
| out of Business  | **** <b>**</b> **                                      |
|  | 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                 |
|  | Him B  |
|  | Sa S   |
| 5. CHECK ONE:  |  |
| All debts, obligations and liabilities of the limited l  | liability company have been paid or discharged.        |
| OR- Adequate provision has been made for the debts, of   | bligations and liabilities pursuant to s. 668.4421.    |
| <ol> <li>All remaining property and assets have been distributed am<br/>rights and interests.</li> </ol>   |  |
| 7. CHECK ONE:  |  |
| There are no suits pending against the company in  | any court.   |
| OR- Adequate provision has been made for the satisfact entered against it in any pending suit.   | ·  |
| natures of the members having the same percentage of members   | ership interests necessary to approve the dissolution: |
| Signature  | Printed Name   |
| AM MANAGINO MUMBER   | LOUIS A. GARANDI - MAMAGING Memb                       |
| - MAT MANAGING HUMBYE  | LOUIS 14 · ON HALLO · IT HAT HATE CITY THAT IS         |
|  |  |
|  |  |
|  |  |