

A 15000000801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
KATHARINE E. FORD

2022 FEB -7 AM 10:10

FILED

FEB 18 2022

M. SOLOMON

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MOBB HEALTH CARE USA, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Felix Gershgorin

(Contact Person)

MOBB HEALTH CARE USA, LLLP

(Firm/Company)

16500 Collins Avenue, 2353

(Address)

Sunny Isles, FL 33160

(City, State and Zip Code)

For further information concerning this matter, please call:

Felix Gershgorin

at ()

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2022 FEB - 7 AM 10:10
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

CERTIFICATE OF DISSOLUTION FOR

MOBB HEALTH CARE USA, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 17, 2015, assigned Florida document number A15000000801, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The general partners agreed to dissolve MOBB HEALTH CARE USA, LLLP and the agreement was memorialized in a court order dated November 4, 2021.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to section 620.1803(3) or (4), F.S.:

Felix Gershgorin

Felix Gershgorin

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2022 FEB -7 AM 10:10

FILED

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
MOBB HEALTH CARE USA, LLLP

Description of information that must be included in a claim:

The date of any contract, purchase, or other conduct that forms the basis of the claim. The claim shall

include a short statement of the ultimate facts that support the claim. If the claim involves an alleged

product defect, then the claim must include the product number

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Jason B. Giller, Esq.

1111 Brickell Avenue, Suite 1550

Miami, FL 33131

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Felix Gershgorin

Printed Name

DocuSigned by:
Felix Gershgorin
01FE7180DECA43F

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

2022 FEB - 7 AM 10:10
CLERK OF STATE
JANES R. HARRIS

FILED