

200000004971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2015

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 18 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 8, 2015

WILLIAM SAADE
PO BOX 140488
CORAL GABLES, FL 33114

SUBJECT: MOBILITY UNLIMITED, L.L.C.
Ref. Number: L00000014971

We have received your document for MOBILITY UNLIMITED, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 315A00014971

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MOBILITY UNLIMITED 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:

WILLIAM SAADE

(Name of Person)

(Firm/Company)

PO BOX 140488

(Address)

CORAL GABLES, FL 33114

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM SAADE

(Name of Person)

at **954 6688302**
(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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
MOBILITY UNLIMITED LLC

2. The Articles of Organization were filed on DEC 6 2000 and assigned
document number L00000014971

3. The delayed effective date the dissolution if not effective on the date of filing: 06/01/2015 06/30/2015 *WS,*
(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).
STORE CLOSING DUE TO LOSSES

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: WILLIAM SAADE

PO BOX 140488

CORAL GABLES, FL 33114

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TALLAHASSEE, FLORIDA

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:

William Saade
Signature

WILLIAM SAADE

Printed Name

FILING FEE: \$25.00