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(Re	questor's Name)	
(Ad	ldress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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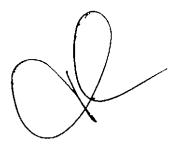
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mobil Art Coral Wa	YLC.	
(Name of Limited	I Liability Company)	
The enclosed Articles of Dissolution and fce(s) are submitte	rd for filing.	
Please return all correspondence concerning this matter to the	ne following:	
	~	
JOSE L. LOBON (Name of Person)		
(Name	S of Person)	
MOBIL ART COR	PALLIAY LIC.	
MOBIL ART COR	(Company)	
634 BOCA MAI	ZINA CT.	
(A	Address)	
BOCA RATON,	FL 33487	
(City/State	e and Zip Code)	
For further information concerning this matter, please call:		
JOSÉ L. LOBÓN (Name of Person)	at (954_)557_16_97 ·	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	BALANCE ENCLOSED 82.50.	
☐ \$25.00 Filing Fee and Certificate of Dissolution	© \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address:	
Registration Section Registration Section		
Division of Corporations Division of Corporations		
P.O. Box 6327	rne Centre of Fattanassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability 八のに AR	Company is CT CORAL WAY. LLC	<u></u>
	were filed on JUNE 17, ZOO 3 and assigned	سد است إن ن ن
document number <u>L03</u>	000021969	
	e dissolution if not effective on the date of filing: DEC 30, 20 ate cannot be prior to or more than 90 days later than date document is received for filing block does not meet the applicable statutory filing requirements, this date were date on the Department of State's records.	22 ng) ill not be
605.0707, Florida Statutes. (cc	nat resulted in the limited liability company's dissolution pursuant to soppy 605,0707 on back cover letter).	
SALE OF AL	LASSETS OF LLC.	
5. If there are no members, enter activities and affairs:	r the name and address of the person appointed to wind up the compan ${\sf Jose}$ L. LOBON	y`s
	634 BOCA HARINA CT.	
	BOCA RATON FL 33487	
6. Signature of an authorized pe above to wind up the company's	rson or if there are no members, the signature of the person appointed activities and affairs:	——- and list
	JOSÉ L. LOBON	
Signature	Printed Name FILING FEE: \$25.00	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional
This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.
This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Limited Liability Company: MOBIL ART CORAL WAY LL C.
Document number of Limited Liability Company is: L 03 000021969
Date of dissolution was: DEC 3D, 2022
Description of information that must be included in a written claim:
CLA IMANT; AMMOUNT; NATURE OF CLAIM; DATE OF CLAIM;
DUE DATE OF PAYMENT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JOSE L. LOBON
G34 BOCA MARINA CT
BOCA RATON FL 33487
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jose L. Lobon (125
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00