

L060000001211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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06/24/19--01010--017 \*105.00

R. WHITE

JUL 08 2019

2019 JUL 24 PM 2:50  
R. WHITE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mohavi, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caroline R. Nichols

Adam B. Edgcomb

(Name of Person)

Jimerson & Cobb, P.A.

(Firm Company)

One Independent Drive, Suite 1400

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Caroline Nichols Adam

904

389-0050

(Name of Person)

at

(Area Code & Daytime Telephone Number)

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

2019 JUL 24 PM 2:50

1. The name of a limited liability company is  
Mohavi, LLC

2. The Articles of Organization were filed on January 4, 2006 and assigned  
document number L06000001211

3. The delayed effective date the dissolution if not effective on the date of filing: 6.17.19  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

Dissolution by vote of a majority of the members of the company in accordance

with the terms of the Operating Agreement of Mohavi, LLC dated January 1, 2006.

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

7029-9 Commonwealth Avenue

Jacksonville, Florida 32220

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:

R. Ann Hicks  
Signature

R. Ann Hicks

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: Mohavi, LLC

Document number of Limited Liability Company is: L06000001211

Date of dissolution was: 6/17/19

Description of information that must be included in a written claim:

The name, address, and telephone number of the person making the claim, a

description of the transaction or occurrence giving rise to the claim, the amount of

the claim, and copies of any contracts, invoices, reports, statements, or other

documents supporting the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

R. Ann Hicks

7029-9 Commonwealth Avenue

Jacksonville, Florida 32220

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.

R. Ann Hicks

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**