

LOG 000002619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

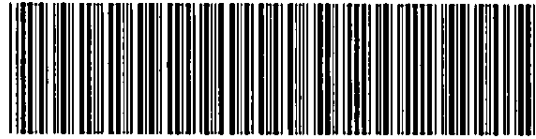
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/12/23--01002--005 **25.00

2023 MAY 12 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 12 AM 10:18

RECEIVED

A. DUTLER

MAY 15 2023

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: Cat 5/12

CERTIFIED COPY

XX PHOTOCOPY

☐ **CUS**

XX FILING

LLC DISSOLUTION

1. MOBILEPCS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBILE PCS, 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:

Sara Castro Potts, Esquire
(Name of Person)

Castro Potts Law Firm, PLLC
(Firm/Company)

14864 Tamiami Trail, Unit A-205
(Address)

North Port, FL 34287
(City/State and Zip Code)

For further information concerning this matter, please call:

Sara Castro Potts, Esquire at (941) 300-9595
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

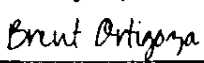
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
MOBILEPCS, LLC**

2023 MAY 12 PM 12:40

1. The name of a limited liability company is: MOBILEPCS, LLC.
2. The Articles of Organization were filed on January 9, 2006, and assigned document number L06000002619.
3. The effective date of dissolution shall be the date of filing of these Articles of Dissolution.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Fla. Stat. Sec. 605.0707: The consent of all the members.
5. 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:

DocuSigned by:

4447C3A76BFE405

Signature

Brent D. Ortigoza, Manager
Printed Name

Notice of Limited Liability Company Dissolution

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: MOBILEPCS, LLC

Document number of Limited Liability Company is: L06000002619

Date of dissolution was: The date of filing of the Articles of Dissolution with the Florida Department of State, Division of Corporations.

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

All information that would be required to state a claim in a court of law with jurisdiction over the alleged claim.

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

PO Box 380501
Murdock, FL 33938

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.

Brent D. Ortigoza
Printed Name of the Person Filing

DocuSigned by:
Brent Ortigoza
Signature of the Person Filing

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