L080000 4081

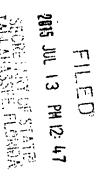
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
— (Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300274842423

07/13/15--01032--030 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

MOBILE DEVICE PROTECTION ASSOCIATION 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:

JEROME L SCHWARTZ

(Name of Person)

BERT & ASSOCIATES

(Firm/Company)

6610 N UNIVERSITY DRIVE STE 250

(Address)

TAMARAC FL 33321

(City/State and Zip Code)

For further information concerning this matter, please call:

JEROME SCHWARTZ

. 954

580-0880

(Name of Person)

(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

FILED
2015 JUL 13 PM 12: 47
SECRETARY OF STATE
TANDAMENTAL SEEL FLORIDA

ion Schil		JEROME SCHWAR	RTZ
. Signature of an authorized sted above to wind up the co	I person or if there are nompany's activities and	o members, the signatu affairs:	re of the person appointed and
	TAMARAC FL 3332	1	
	6610 N UNIVERSIT	Y DRIVE STE 250	
5. If there are no members, enter the name and address of the person appointed to wind up to activities and affairs: JEROME SCHWARTZ		nted to wind up the company's	
INCOME BEING RECIEVE	ED		
COMPANY'S PRIMARY C	USTOMER DECLARED	BANKRUPCY AND TH	IEREFORE THERE WAS NO
A description of occurren 605.0707, Florida Statutes	ice that resulted in the li	mited liability company	y's dissolution pursuant to section
Note: If the date inserted it listed as the document's eff	n this block does not meet	the applicable statutory fi	iling requirements, this date will not
The delayed effective date (effecti	e the dissolution if not e	ffective on the date of more than 90 days later than	filing: MAY 01, 2015 date document is received for filing)
document number L08000	0040881	·····	
2. The Articles of Organizat	tion were filed on $\frac{04/23}{1}$	/2008	and assigned
MOBILE DEVICE PROTE	ECTION ASSOCITION LI	.c	·
. The name of a limited lia	bility company is		The same of the same of the same

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: MOBILE DEVICE PROTECTION ASSOCIATION LLC
Document number of Limited Liability Company is: L08000040881
Date of dissolution was: 05/01/2015
Description of information that must be included in a written claim:
BUSINESS CLOSED IN APRIL 2014 DUE TO LACK OF SALES
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JEROME SCHWARTZ DEBT 0. A COOCULATED
BERT & ASSOCIATES
6610 N UNIVERSITY DRIVE STE 250
TAMARAC FL 33321

JEROME SCHWARTZ

Printed Name of the Person Filing

claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

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

A claim against the above named limited liability company will be barred unless a proceeding to enforce the