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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. Buren JUN _5. 2019

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ISLAND COMFORT MOBILITY, LLC (Name of Limited Liability Company)			
(Name of Eminted Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
KATHLEEN M PENNUCCI			
(Name of Person)			
(Firm/Company)			
U233 SE 85th Lane (Address)			
OCALA, FL 34472 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
KATHLEEN M PENNUCCI at (727) 804-9732 (Name of Person) (Area Code & Daytime Telephone Number)			

MAILING ADDRESS:

\$25.00 Filing Fee and Certificate of Dissolution

Enclosed is a check for the following amount:

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

 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	ity company is	
Island Co	OMFORT MOBILITY, LLC	
2. The Articles of Organization	n were filed on FEBRUARY 28, 2011 and assigned	ed .
document numberL 1100	00025057	
3. The delayed effective date the (effective of	he dissolution if not effective on the date of filing: June date cannot be prior to or more than 90 days later than date document is reco	1,2014 eived for filing)
605.0707, Florida Statutes, (c	that resulted in the limited liability company's dissolution pur copy 605.0707 on back cover letter).	rsuant to section
Jold Business		
		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		The state of the s
5 If there are no members out	er the name and address of the person appointed to wind up the	
activities and affairs:	er the name and address of the person appointed to wind up the	
		
6. Signature of an authorized polisted above to wind up the com	person or if there are no members, the signature of the person an analysis activities and affairs:	appointed and
, 0		
Karen m tanne	KATHLEEN M. FENNUC	<u>ci</u>
Signature	Printed Name	

FILING FEE: \$25.00