

L140000 68184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

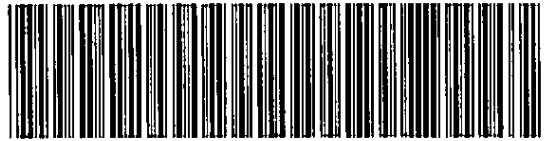
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

FEB 28 2022

Office Use Only



800382149148

02/22/22--01014--001 **25.00

17 FEB 22 AM 10:00

The Law Offices of Timothy K. Anderson
TIMOTHY K. ANDERSON, ESQ.

480 Maplewood Drive, Suite 5
Jupiter, Florida 33458

Brent E. Carrington
Title Agent/Closer

Lorraine A. Hinkle
Legal Assistant

February 9, 2022

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Notice of Limited Liability Company Dissolution and Articles of Dissolution
Mosites Five @ Southern Cay, LLC

To whom it may concern:

Please find enclosed the Cover Letter along with the executed original Notice of Limited Liability Company Dissolution and Articles of Dissolution for Mosites Five @ Southern Cay, LLC along with a check in the sum of \$25.00 to cover the filing fee, certified copies, and Certificate of Status. I have enclosed a self addressed stamped envelope for return of the Certificate of Dissolution.

Thank you for your assistance. If you have any questions, please do not hesitate to contact this office.

Very truly yours,



Lorraine Hinkle,
Legal Assistant to
Timothy K. Anderson, Esq.

TKA/lh

Encl. as noted above.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSITES FIVE@SOUTHERN CAY, 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:

DEAN MOSITES

(Name of Person)

MOSITES FIVE@SOUTHERN CAY, LLC

(Firm/Company)

400 MOSITES WAY, STE. 100

(Address)

PITTSBURGH, pa 15205

(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN MOSITES

(Name of Person)

at (412) 923-2255

(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 Address:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MOSITES FIVE@ SOUTHERN CAY, LLC

2. The Articles of Organization were filed on APRIL 23, 2014 and assigned

document number L14000068184

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

THE COMPANY NO LONGER OWNS ANY ASSETS

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

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:

M. Dean Mosites
Signature

M. DEAN MOSITES, AUTHORIZED MEMBER
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: MOSITES FIVE@SOUTHERN CAY, LLC

Document number of Limited Liability Company is: L14000068184

Date of dissolution was: JANUARY 31, 2022

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

NAME AND ADDRESS OF CLAIMANT

IDENTIFICATION OF WHAT CLAIM IS FOR

PROOF OF CLAIM AND AMOUNT

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

MOSITES FIVE @ SOUTHERN CAY, LLC

C/O DEAN MOSITES


400 MOSITES WAY, STE. 100

PITTSBURGH, PA 15205

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.

M. DEAN MOSITES

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