

L15 0000033062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

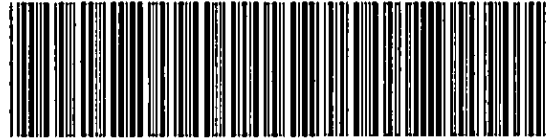
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900386424859

04/28/23--0108--011 **55.00

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Dissolution

123456
DOCUMENT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOB VACATION HOMES 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:

MICHAEL KNOD
(Name of Person)

(Firm/Company)

AM DORTFELDE 35
(Address)

45966 GLADBECK, GERMANY
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KNOD at (0049) 2043 54714
(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

MOB VACATION HOMES LLC

2. The Articles of Organization were filed on 02/23/2015 and assigned

document number L15000033062

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2022
(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.

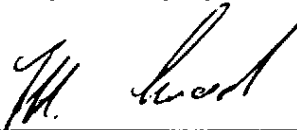
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Abandonment of business

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

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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:



Signature

MICHAEL KNOTT

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: M & B VACATION HOMES LLC

Document number of Limited Liability Company is: L 15 0000 33062

Date of dissolution was: 04/30/2022

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

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

Michael Knod
Au Dorffelde 35
45966 Gladbeck
Germany

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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.

MICHAEL KNOB
Printed Name of the Person Filing

Mett M. Knod
Signature of the Person Filing