

L16 000016726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

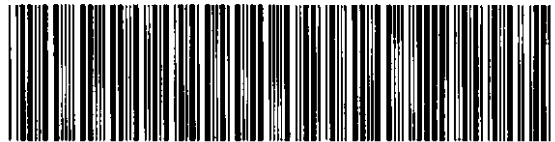
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/17--01026--002 **25.00

FILED
17 FEB 21 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2017

Please accept my request to dissolve the Mobile Mat Yoga LLC due to poor business in the 2016 fiscal year.

If you need more information, you may reach me at:

7610 S. Fitzgerald St.

Tampa, FL 33616

813-817-3720

Thank you for your time and help with this matter.

Sincerely,

Tiffany Cantrell

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mobile mat Yoga
(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:

Tiffany Cantreu
(Name of Person)

(Firm/Company)

7610 S Fitzgerald St.
(Address)

Tampa FL 33616
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Cantreu at (813) 817-3720
(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**

1. The name of a limited liability company is

Mobike mat yoga

2. The Articles of Organization were filed on 2/17/17 and assigned

document number _____

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).

Business not Successful.

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

Tiffany Cantrell

7610 S Fitzgerald St.

Tampa FL 33616

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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

Tiffany Cantrell
Printed Name

FILING FEE: \$25.00