10/10/24, 2:59 PM

To:

Division of Corporations

Florida Department of State Division of Corporations Reservoirie Filing Covershoes

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

LLC DISSOLUTION OR WITHDRAWAL OLP MOBILE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

Help

OCT 11 2024 < Brumpic) Τo

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ł.	The name of a limited liability company is				
	OLP Mobile, LLC				·
2.	The Articles of Organization	were filed on 116	0.04/2021	and assigned	
	document number £21000266	0622.			
3.	The delayed effective date the teffective of Note: If the date inserted in the listed as the document's effect	iis block does not n	neet the applicable statuto	ry filing requirements, thi	ed for tiling) s date will not b
‡.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05,0707, Florida Statutes, (copy 605,0707 on back cover letter).				
	Upon written conse	nt of memb	ers of the limited	d liability compa	any.
					
		· · · · · · · · · · · · · · · · · · ·			
5.	If there are no members, ente activities and affairs:	er the name and ac Cilenn Jarrell	ddress of the person app	nointed to wind up the c	company's
			<u> </u>		
					, ,
6. abe	Signature of an authorized powe to wind up the company's	erson or if there a cactivities and af	ire no members, the sign Tairs:	iature of the person app	-=-
	- DocuSigned by.				0
	Quen June	L	Glenn Jarrell		=======================================
	Signature			Printed Name	•,
		FILING FEE: \$25.00			;
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					្តី ប្រ

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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: OLP Mobile, LLC	
Document number of Limited Liability Company is: L21000260	1622
Date of dissolution was:	
Description of information that must be included in a written cl	aím:
All claims shall be presented in writing and shall identify the claimar	nt and contain sufficient information to
reasonably inform the Company of the substance of the claim.	
Mailing address where claims can be sent: (Claims cannot be se	ent to the Division of Corporations)
115 East Main Street, P.O. Box 311	
Thomaston, Georgia, 30286	
C/O John Sillay, Assistant General Counsel	
A claim against the above named limited liability company wil claim is commenced within 4 years after the filing of this notice	
	Cocusigned by.
Cilenn Jarrell	Genn Jarrell
Printed Name of the Person Filing	Signature of the felson Filing