

L22 000 102869

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

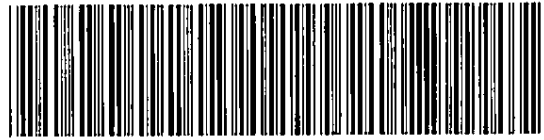
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

MAY 18 2023

Office Use Only



600404129876

03/15/23 10:07:010 \*\*25.00

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 MAR 15 PM 3:39

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mottern Mental Health Services  
\_\_\_\_\_  
(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:

Michelle Mottern

\_\_\_\_\_  
(Name of Person)

Mottern Mental Health Services

\_\_\_\_\_  
(Firm/Company)

106 Gregory Circle

\_\_\_\_\_  
(Address)

Auburndale, Florida 33823

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Mottern

\_\_\_\_\_  
(Name of Person)

863

255-6449

at (\_\_\_\_\_) \_\_\_\_\_

(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

## 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: Mottern Mental Health Services

Document number of Limited Liability Company is: L22000102869

Date of dissolution was: 04/01/2023

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

This PLLC is being dissolved as it is no longer needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

106 Gregory Circle

Auburndale, FL 33823

\_\_\_\_\_

\_\_\_\_\_

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.

Michelle Mottern

Printed Name of the Person Filing

Michelle Mottern

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

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

1. The name of a limited liability company is  
Mottern Mental Health Services
2. The Articles of Organization were filed on 02/28/2022 and assigned  
document number L22000102869
3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/2023  
(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).  
Opened another PLLC.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
Michelle Mottern
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

  
Printed Name

**FILING FEE: \$25.00**