(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number)

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COVER LETTER

4.

TO: **Registration Section Division of Corporations**

(Name of Limited Liability Company) MOBILE SUBJECT:

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Perso JODFREY (Firm/Company) MYRTLER DRIVE (Address) ALLAHASSEE 174 32301 (City/State and Zip Code)

For further information concerning this matter, please call:

GODEREY + HOMAS at (786) 277- 207 (Name of Person) (Area Code & Daytime Telephone Number) 276

Enclosed is a check for the following amount:

525.00 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

MOBILE BRAKES and MORE LLC
2. The Articles of Organization were filed on <u>1-10-2024</u> and assigned document number <u>L24000023027</u> 2024
3. The delayed effective date the dissolution if not effective on the date of filing: <u>9/23/2027</u> 2024
3. The delayed effective date the dissolution if not effective on the date of filing: <u>9/23/2027</u> (effective date cannot be prior to or more than 90 days later than date document is deceived for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be histed 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).

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

ffairs:	GODEREY THOMAS
	SHARON THOMAS
	1524 MYRTLE DRIVE
	TALLAHASSEE, FL 32301

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:

God gy Thom Signature

activities and a

Godfrey Thomas Pringed Name

FILING FEE: \$25.00