

L14 000 136728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

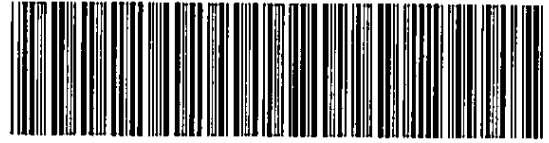
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
TALLAHASSEE, FL

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D. BRUCE
JUN 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: His and Hers Parlour
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hamleth Garcia
Contact Person

HIS and HERS Parlour
Firm/Company

10 SW South River Dr. Apt #1709
Address

Miami, FL 33130
City, State and Zip Code

HamletDaniel9@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hamlet at (305) 807-7381
Name of Contact Person Area Code Daytime Telephone Number

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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**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: His and HERS Parlour
2. The document number of the company is L14000136728
3. The effective date the Dissolution was filed is 03-03-21
4. The revocation of dissolution was authorized on 04-05-21
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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