## 121000140708

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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rida Limited Liability Company and fec(s) are
<del></del>
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33062
mail. C. OM
rea Code Daytime Telephone Number
Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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.	OLDTRA LLC The name of the company is:
2.	L21000140708  The document number of the company is
3.	The effective date the Dissolution was filed is
4.	MARK TRAGLIO  The revogation of dissolution was authorized on
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)

CR2E132 (10/15)



## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**OLDTRA LLC** 

The document number of the limited liability company: L21000140708

The file date of the articles of organization: March 25, 2021

The effective date of the dissolution if not effective on the date of filing: May 27, 2022

A description of occurance that resulted in the limited liability company's dissolution:

NOT ACTIVITY

The name and address of the person appointed to wind up the company's activities and affairs:

MARK TRAGLIO 2731 NE 5TH STREET POMPANO BEACH, FL 33062 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARK TRAGLIO

Electronic Signature of authorized person