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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|----------------------|---|-----------------------------------|-------------|
| SUBJECT: NICK'S FOOD GROUP LLC | | | | |
| Name of Li | mpany | | | |
| The enclosed Statement of Revocation of Dissolution submitted for filing. | on for Florida Limit | ed Liability Company a | nd fee(s) are | |
| Please return all correspondence concerning this ma | atter to: | | ا دون درس زیده | 2024 NFR 30 |
| PHIL COHEN | | | 20 | |
| Contact Person | - | • | 0 | |
| | | | | |
| Firm/Company | <u> </u> | _ | | ·. |
| 1521 SW 47TH TERRACE #104 | | | | , , |
| Address | | _ | | |
| CAPE CORAL, FLORIDA 33914 | | | | |
| City, State and Zip Code | | | | |
| PCOHEN20000@GMAIL.COM | | | | |
| E-mail address: (to be used for future annual re | port notification) | _ | | |
| For further information concerning this matter, plea | ise call: | | | |
| PHILO COHEN | 239 at (| 2469193 | | |
| 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 Corporn The Centre of Talla 2415 N. Monroe Stallahassee, FL 32 | ations ahassee treet, Suite | 810 |

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.

| Ι. | NICKY'S FOOD GROUP LLC The name of the company is: | | | - |
|----|--|---------|-----------|------|
| 2. | The document number of the company is | <u></u> | | _ |
| 3. | The effective date the Dissolution was filed is | | | - |
| 4. | The revocation of dissolution was authorized on | - G | 2007 1.55 | -, - |
| 5. | A copy of the Articles of Dissolution is attached. Posica Selvorajah | * 1 | 8 30 PE h | |
| | Signature of person authorized to submit the revocation of dissolution | | 63 | - |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

FILED Apr 22, 2024 Secretary of State

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: NICKY'S FOOD GROUP LLC

The document number of the limited liability company: L21000180274

The file date of the articles of organization: April 26, 2021

The effective date of the dissolution if not effective on the date of filing: April 22, 2024

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

HURRICANE WASHED AWAY THE BUILDING ALONG WITH THE RESTAURANT ON FORT MYERS BEACH 9/28/2022. ALL WAS LOST.

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

RASICA SELVARAJAH 397 GOWER STREET STATEN ISLAND, NY 10314

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: RASICA SELVARAJAH

Electronic Signature of authorized person

State of Florida Department of State

I certify from the records of this office that NICKY'S FOOD GROUP LLC was a limited liability company organized under the laws of the State of Florida, filed on April 26, 2021.

The document number of this limited liability company is L21000180274.

I further certify that said limited liability company was voluntarily dissolved on April 22, 2024, effective April 22, 2024.

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Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Fourth day of April, 2024



Secretary of State

Authentication ID: 400428303784-042424-L21000180274

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html