L22 000 187 557

(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:

Office Use Only

300423414683

02/16/24--01002--027 **100.00

FILED

2024 FEB 16 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berman Capital Holdings LLC
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:

ILYA Berman
Contact Person

Berman Capital Holdings
Firm/Company

7616 W Courtney Campbell #233
Address

Tampa FL 33607
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) 813 816 9600
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAIL TO
#100
MONEY
ORDER

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

"Florida Dept of State"

CR2E132 (10/15)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BERMAN CAPITAL HOLDING LLC
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:

ILYA BERMAN
Contact Person

BERMAN CAPITAL HOLDING LLC
Firm/Company

7616 w Courtney Campbell Causeway ste 333
Address

TAMPA FL 33607
City, State and Zip Code

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

For further information concerning this matter, please call:

ILYA BERMAN at (813) 816-9600
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

CR2E132 (10/15)

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: BERMAN CAPITAL HOLDING LLC

2. The document number of the company is L22000187557

3. The effective date the Dissolution was filed is 12/17/2023

4. The revocation of dissolution was authorized on 02/06/2024

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)

FILED
2024 FEB 16 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Dec 17, 2023
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:

BERMAN CAPITAL HOLDINGS LLC

The document number of the limited liability company: L22000187557

The file date of the articles of organization: April 19, 2022

The effective date of the dissolution if not effective on the date of filing: December 17, 2023

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

NO BUSINESS GENERATED

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

ILYA BERMAN
7616 W COURTNEY CAMPBELL CAUSEWAY STE 333
TAMPA, FL 33607-143 UN

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: ILYA BERMAN

Electronic Signature of authorized person