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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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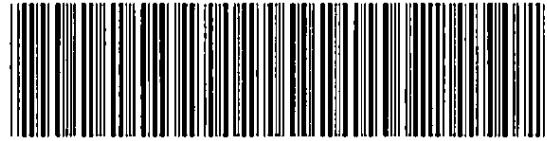
(Business Entity Name)

(Document Number)

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Tammi Gline
12/13/23

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TAMM, MISSOURI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OXLN, 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:

RICHARD PENA ZAMBRANO
Contact Person

MERGE TO GROW LLC
Firm/Company

5036 VELLACITO WAY
Address

DAVENPORT, FLORIDA 33897
City, State and Zip Code

TAXES@MERGETOGROW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD PENA ZAMBRANO at (407) 912-9410
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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2023 NOV 17 PM 12:37
TALLAHASSEE, FL

**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: OXLN, LLC
2. The document number of the company is L22000503620
3. The effective date the Dissolution was filed is 10/16/2023
4. The revocation of dissolution was authorized on PANZA, DIEGO L
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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2023 NOV 17 PM 12:37
TALLAHASSEE, FL

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

CR2E132 (10/15)