L13000 130784

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | 1е) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | · |
| | | |
| | | |
| | | |

Office Use Only



800287981088

07/19/16--01003--017 **100.00



MAL BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|
| SUBJECT: Wilmer Guzman-Walde | mado, LLC |
| Name of Limited Liability Con | npany |
| The enclosed Statement of Revocation of Dissolution for Florida Limit submitted for filing. | ed Liability Company and fee(s) are |
| Please return all correspondence concerning this matter to: | |
| Evica Diaz | |
| Contact Person | - |
| | |
| Firm/Company | - |
| 2000 S Douglas Rd Suite 61 | |
| Wigmi 77, 33134 | ا دو |
| Wiami FZ 33134 City, State and Zip Code | ASSET A |
| vikadlaz Egmail.com | |
| E-mail address: (to be used for future annual report notification) | 26 7100 |
| For further information concerning this matter, please call: | 00.05 |
| Name of Contact Person at (786) Area Code | 214 0335 Daytime Telephone Number |
| Name of Contagn Person Area Code | Daytime Telephone Number |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, Florida 32301 | runarasee, i D 52517 |

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: Wilmer Guzman Maldona do LLC |
|----|----------------------------------------------------------------------------------------------------------------------------|
| 2. | The document number of the company is <u>L13000130784</u> |
| 3. | The effective date the Dissolution was filed is |
| 4. | The revocation 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) Filing Fee: \$100.00 ANARY CF STATE A 10: 26 |

CR2E132 (10/15)

FILED Jun 30, 2016 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:

WILMER GUZMAN-MALDONADO, LLC

The document number of the limited liability company: L13000130784

The file date of the articles of organization: September 16, 2013

The effective date of the dissolution if not effective on the date of filing: June 30, 2016

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

I'M NOT USING

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

WILMER GUZMAN-MALDONADO 2045 JAMMES RD APT 65 JACKSONVILLE, FL 32210

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: WILMER GUZMAN-MALDONADO

Electronic Signature of authorized person