

# LOS000005127

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

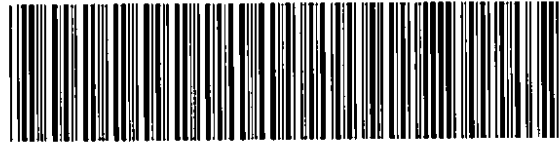
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 APR 13 AM 11:20  
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STATE  
OF FL

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2023 APR 13 PM 4:03  
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OF FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_ Please use funds from this account: I20210000160 **\$ 100.00**

Authorization Signature: 

MODUPE, LLC L05000005127

Business Name Document Number

\_\_ **Certified Copy**

\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_ Profit Corp  
\_\_ Not for Profit  
\_\_ Officer/Director  
\_\_ Limited Liability  
\_\_ Domestication  
\_\_ Other  
\_\_ **CORP**  
\_\_ **LLLP**

**AMENDMENTS**

\_\_ Amendment  
\_\_ Resignation of R.A.  
  
\_\_ Change of Registered Agent  
\_\_ **X** Revocation of Dissolution  
\_\_ Merger  
\_\_ **Conversion**  
\_\_ **Amended and restated Articles**  
\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_ Annual Report  
\_\_ Fictitious Name  
\_\_ APOSTILLE

Country

**REGISTRATION/QUALIFICATIONS**

\_\_ Foreign filing  
\_\_ Limited Partnership  
\_\_ Reinstatement  
  
\_\_ Other

**XAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MODUPE, 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:

ISMAIL DANIA  
Contact Person

MODUPE, LLC  
Firm/Company

4089 W Whitewater Ave  
Address

Weston, FL 33332  
City, State and Zip Code

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

For further information concerning this matter, please call:

ISMAIL DANIA at ( 954 ) 600-1850  
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

FILED

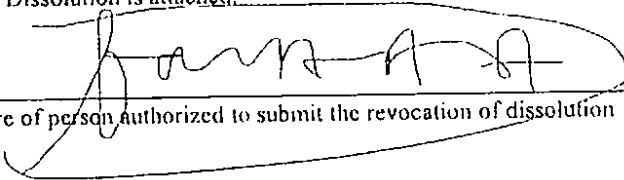
2023 APR 13 AM 11:20

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FL

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: MODUPE, LLC
2. The document number of the company is 1.05000005127
3. The effective date the Dissolution was filed is 2/8/23
4. The revocation of dissolution was authorized on 4/12/23
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)

FILED  
Feb 08, 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:

MODUPE, LLC

The document number of the limited liability company: L05000005127

The file date of the articles of organization: January 14, 2005

The effective date of the dissolution if not effective on the date of filing: February 8, 2023

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

BUSINESS PARTNERSHIP ENDING DUE TO INAPPROPRIATE BUSINESS PRACTICES AGAINST  
PARTNERSHIP AGREEMENT.

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

FAOSAT  
6301 W WHITEWATER AVE  
MARGATE, FL 33063

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: FAOSAT T DANIA

\_\_\_\_\_  
Electronic Signature of authorized person