

LOS0000040214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE SOLUTIONS GROUP, 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:

Meghan Griffin

Contact Person

Dunlap & Moran PA

Firm/Company

6111 Exchange Way

Address

Lakewood Ranch, FL 34202

City, State and Zip Code

mgriffin@dunlapmoran.com

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

For further information concerning this matter, please call:

Meghan Griffin

at (941) 366-0115

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

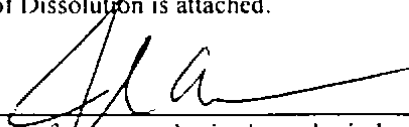
Street Address:

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

**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: ALLIANCE SOLUTIONS GROUP, LLC
2. The document number of the company is L05000040214
3. The effective date the Dissolution was filed is 11/05/2024
4. The revocation of dissolution was authorized on 11/05/2024
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

John A. Moran

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

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ALLIANCE SOLUTIONS GROUP, LLC