# 106000026908

(Rec	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





300320643363

11/13/18--01023--023 \*\*100.00

SHOULD THE STATE

### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CCT: ALL IN I, LLC				
	Name of Lin	nited	Liability Co	ompany	
The end	closed Statement of Revocation of Dissolution ed for filing.	ı for	· Florida Lim	ited Liability Company and fee(s) are	
Please	return all correspondence concerning this mat	ter to	o:		
HEIDI	DUMAS				
	Contact Person				
	Firm/Company			~-	
4315 H	AYES STREET				18 KOV 13
	Address			_	d.
HOLL	YWOOD, FL 33021				
	City, State and Zip Code			_	∯:1 9: 1 o
johimo(	@earthlink.net				. <del>.</del>
E-n	nail address: (to be used for future annual repo	ert n	otification)	_	۵
For furtl	ner information concerning this matter, please	call	<b>!</b> :		
	DUMAS	at	954	394-3029	
	Name of Contact Person	_ 41	Area Code	Daytime Telephone Number	
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

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.	ALL IN 1, LLC The name of the company is:		
2.	L06000026908  The document number of the company is		
3.	The effective date the Dissolution was filed is		
4.	The revocation of dissolution was authorized on _10/29/18	18 19 V	
5.	A copy of the Articles of Dissolution is attached.	<u></u>	
	Deidi Dumas		# 17 (A. I II
	Signature of person authorized to submit the revocation of dissolution		7

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

#### FILED Jul 31, 2018 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:

ALL IN 1, LLC

The document number of the limited liability company: L06000026908

The file date of the articles of organization: March 9, 2006

The effective date of the dissolution if not effective on the date of filing: August 1, 2018

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

THE COMPANY HAS DISPOSED OF ITS ASSETS

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

HEIDI SCHMID DUMAS 4315 HAYES STREET HOLLYWOOD, FL 33021 US

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: HEIDI DUMAS

Electronic Signature of authorized person