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From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number : I20000000177 Phone : (239)936-7200 Fax Number : (239)936-7997

LLC REVOCATION OF DISSOLUTION JOBELLA, LLC

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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.

ι.	JOBELLA, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	MAY 23, 2024 The revocation of dissolution was authorized on
•	A constitution of Polar levier in Attached
3.	A copy of the Articles of Dissolution is attached. May Glordso May Agen
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:

\$100,00

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CR2E132 (10/15)

FILED Apr 14, 2024 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:

JOBELLA, LLC

The document number of the limited liability company: L07000032439

The file date of the articles of organization: March 26, 2007

The effective date of the dissolution if not effective on the date of filing: April 15, 2024

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

NET REVENUE LOSSES YEAR OVER YEAR

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

ANTHONY GIORDANO 1818 CAYON CT CAPE CORAL, FL 33991

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: ANTHONY GIORDANO

Electronic Signature of authorized person