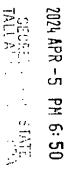


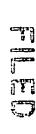
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 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: Firm/Company For further information concerning this matter, please call: 370 Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

l.	The name of the company is: TW ST LUCIE, LLC	
2.	The document number of the company is 0700066834	2024 APR
3.	The effective date the Dissolution was filed is	. 1 //
4.	The revocation of dissolution was authorized on March 22, 2024	of Ti
5.	A copy of the Articles of Dissolution is attached.	6: 50
	Signature of person authorized to submit the revocation of dissolution	

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Mar 22, 2024 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following

The name of the limited liability company as currently filed with the Florida Department of State: TNM LAND ST LUCIE, LLC

The document number of the limited liability company: L07000066834

The file date of the articles of organization: June 22, 2007

The effective date of the dissolution if not effective on the date of filing: March 23, 2024

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

NO LONGER IN BUSINESS - LAND SOLD

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

VINCENT SABIA 6000 N US HWY 1 MELBOURNE, FL 32940

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: VINCENT SABIA

Electronic Signature of authorized person