

L070000073324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

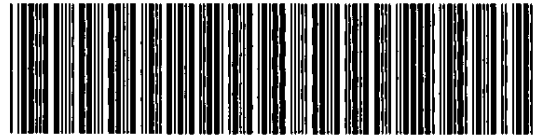
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600242893026

06/12/14--01010--001 \*\*100.00

FILED  
14 JUN 12 PM 12:25  
JUN 12 2014

M. MILLIGAN  
EXAMINER

JUN 12 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHOLESOME TUMMIES 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:

DEBORAH J. BLACHER

Contact Person

WHOLESOME TUMMIES

Firm/Company

3761 PARKLAND DRIVE

Address

ORLANDO, FL 32814

City, State and Zip Code

debbie@wholesometummies.com

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

For further information concerning this matter, please call:

Deborah Blacher

Name of Contact Person

at ( 800 )

Area Code

709-4190

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

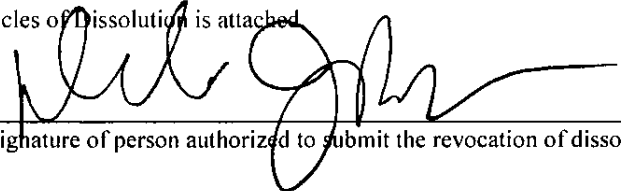
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
14 JUN 12 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: WHOLESOME TUMMIES LLC
2. The document number of the company is L07000073324
3. The effective date the Dissolution was filed is 4/23/2014
4. The revocation of dissolution was authorized on 4/21/2014
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**  
**Apr 21, 2014**  
**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:  
**WHOLESOME TUMMIES, LLC**

The document number of the limited liability company: **L07000073324**

The file date of the articles of organization: **July 16, 2007**

The effective date of the dissolution if not effective on the date of filing: **April 23, 2014**

A description of occurrence that resulted in the limited liability company's dissolution:  
**THE LLC HAS CEASED OPERATIONS.**

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: **DEBORAH J. BLACHER**

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