

# L08000021245

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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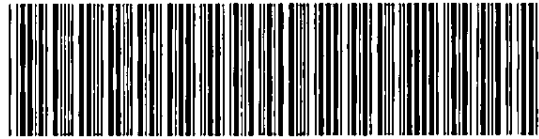
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NADJADREAM 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:

PASCAL GIBERT

\_\_\_\_\_  
Contact Person

BEST OPTIONS

\_\_\_\_\_  
Firm/Company

1145 VIA JARDIN

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33418

\_\_\_\_\_  
City, State and Zip Code

pgibert bestoptionsllc.com

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

For further information concerning this matter, please call:

PASCAL GIBERT

\_\_\_\_\_  
Name of Contact Person

at ( 561 ) 214-2328

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

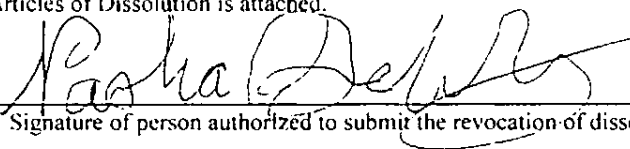
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2025 JAN -6 PM 3:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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: NADJADREAM LLC
2. The document number of the company is L08000021245
3. The effective date the Dissolution was filed is 11/19/2024
4. The revocation of dissolution was authorized on 11/19/2024
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)**

CR2E132 (10/15)

2025 JAN -6 PM 3:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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FILED  
Nov 19, 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:

NADJADREAM, LLC

The document number of the limited liability company: L08000021245

The file date of the articles of organization: February 28, 2008

The effective date of the dissolution if not effective on the date of filing: November 19, 2024

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

BUSINESS CLOSED

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

NADIA DELISLE  
1145 VIA JARDIN  
RIVIERA BEACH, FL 33418 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: NADIA DELISLE

Electronic Signature of authorized person

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA