

**L08000065956**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

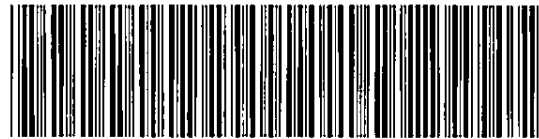
(Business Entity Name)

(Document Number)

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

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01/02/25--01016--015 \*\*101.00

**FILED**

**2025 JAN - 2 AM 9:29**


**SECRETARY OF STATE  
TALLAHASSEE, FL**

**S. CLERKS**

**FEB 12 2025**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOGATE, LLC ~~Walter Whittington~~   
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:

Walter Whittington

Contact Person

LOGATE, LLC

Firm/Company

3620 Peoria Rd.

Address

Orange Park, FL 32065

City, State and Zip Code

wwhittington@gmail.com

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

For further information concerning this matter, please call:

Walter Whittington

at ( 904 ) 838-3370

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

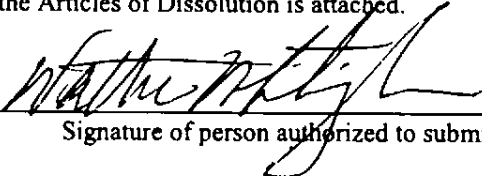
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: LOGATE, LLC
2. The document number of the company is L08000065956
3. The effective date the Dissolution was filed is 12-31-2024
4. The revocation of dissolution was authorized on \_\_\_\_\_
5. A copy of the Articles of Dissolution is attached.

**FILED**  
2025 JAN -2 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

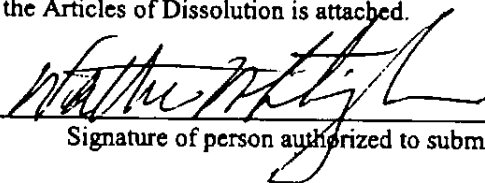
  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

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Signature of person authorized to submit the revocation of dissolution

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**Certified Copy: \$30.00 (optional)**