

L091000 002 3912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

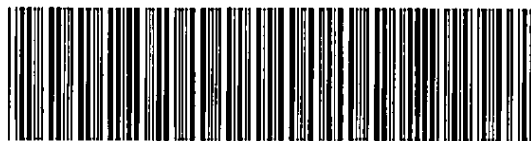
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV - 8 PM 12:36
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DEC - 7 2019

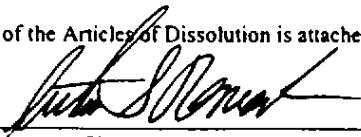
T SCHROEDER

**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.

ELECTRIC PICKLE, LLC

1. The name of the company is: _____
L09000002392
2. The document number of the company is _____
JULY 15, 2019
3. The effective date the Dissolution was filed is _____
JULY 15, 2019
4. The revocation of dissolution was authorized on _____
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
Jul 15, 2019
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:

ELECTRIC PICKLE, LLC

The document number of the limited liability company: L09000002392

The file date of the articles of organization: January 8, 2009

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

CLOSE OF BUSINESS

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

AARON AMAURY MONTALVO
2826 NORTH MIAMI AVE
MIAMI, FL 33129

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: AARON AMAURY MONTALVO

Electronic Signature of authorized person

FILED
19 NOV -8 PM 12:35
Secretary of State
TALLAHASSEE, FLORIDA