

LOG 0000 20347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

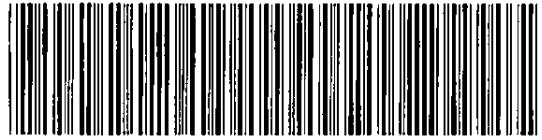
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J. HORNE

SEP 1 / 2024

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2024 SEP 12 PM 4:02  
J. HORNE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Starfish Title Agent, 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:

Steven Sevin

Contact Person

Starfish Title Agent, LLC

Firm/Company

34 SE Occola St.

Address

Stuart, FL 34994

City, State and Zip Code

Steve @ Starfish Title.com

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

For further information concerning this matter, please call:

Steven Sevin

Name of Contact Person

at ( 772 ) 218-4059

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

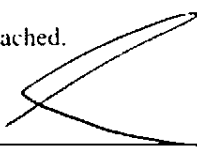
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2024 SEP 12 PM 4:02  
TALLAHASSEE

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: Starfish Time Agency, LLC
2. The document number of the company is L09000020347
3. The effective date the Dissolution was filed is 9/10/24
4. The revocation of dissolution was authorized on 9/10/24
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)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Starfish Title Agency, 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:

Steven Scrivner

Contact Person

Starfish Title Agency, LLC

Firm/Company

311 SE Occola St

Address

Stuart, FL 34994

City, State and Zip Code

Steve (S) StarfishTitle.com

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

For further information concerning this matter, please call:

Steven Scrivner

Name of Contact Person

at ( 772 ) 288-4054

Area Code

Daytime Telephone Number

**Mailing Address:**

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

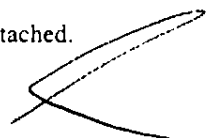
**Street Address:**

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