

L09000069137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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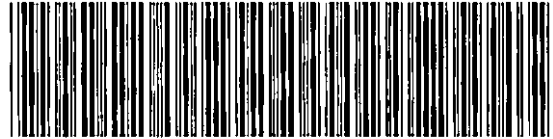
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA POSTMASTERS LOCKSMITH 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:

Lyman J Post
Contact Person

AAA POSTMASTERS LOCKSMITH LLC
Firm/Company

c/o Lyman J. Post 14239 N. Crimson Dr
Address

Sun City Az. 85351
City, State and Zip Code

jpost0829@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyman J Post at (520) 360-6843
Name of Contact Person Area Code 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**

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: AAA POSTMASTERS LOCKSMITH LLC
2. The document number of the company is LC9000069137
3. The effective date the Dissolution was filed is Feb. 8, 2019
4. The revocation of dissolution was authorized on April 7, 2019
5. A copy of the Articles of Dissolution is attached.

Lyman J. Post (Trustee)

Signature of person authorized to submit the revocation of dissolution

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