

| (Requestor's Name)                      |
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## COVER LETTER

| TO: Registration Section Division of Corporations   |                              |
|---|------------------------------|
| SUBJECT: Rme of Limited Liability Company   | ross (LC                     |
| The enclosed Statement of Revocation of Dissolution for Florida Limited Liabs submitted for filing. | ility Company and fee(s) are |
| Please return all correspondence concerning this matter to:   |                              |
| Contact Person (SIDSS   |                              |
| - I ample M Gross (C)   |                              |
| 11055 16th Street East Address  |                              |
| Treasure Ishad FL 33796 City. State and Zip Code  |                              |
| E-mail address: (to be used for future annual report notification)                                  | em                           |
| For further information concerning this matter, please call:  |                              |
| Name of Contact Person Area Code Days   | inte Telephone Number        |
| Registration Section Registr  | Address: ation Section       |

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

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: Jamie M Gras LLC                           |
|----|--|
| 2. | The document number of the company is 10900091559                      |
| 3. | The effective date the Dissolution was filed is                        |
| 4. | The revocation of dissolution was authorized on                        |
| 5. | A copy of the Articles of Dissolution is attached.                     |
|    | Law 1.   |
|    | Signature of person authorized to submit the revocation of dissolution |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

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## FILED Apr 08, 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:

JAMIE M. GROSS, LLC

The document number of the limited liability company: L09000091559

The file date of the articles of organization: September 22, 2009

The effective date of the dissolution if not effective on the date of filing: May 1, 2024

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

COMPANY IS NO LONGER VIABLE.

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

JAMIE GROSS 11055 6TH ST E TREASURE ISLAND, FL 33706-302 UN

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: JAMIE GROSS

Electronic Signature of authorized person