

H22000014632 3  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L1100005403

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : CONTADORMIAMI.COM INC  
 Account Number : 120200000130  
 Phone : (954)345-7888  
 Fax Number : (786)713-1940

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC REVOCATION OF DISSOLUTION  
 MAZAL III, LLC**

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JAN 13 2022

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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.

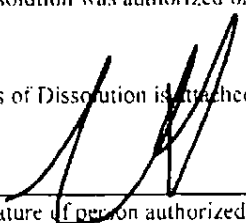
1. The name of the company is: MAZAL III, LLC \_\_\_\_\_

2. The document number of the company is: L11000005403 \_\_\_\_\_

3. The effective date the Dissolution was filed is: 12/07/2021 \_\_\_\_\_

4. The revocation of dissolution was authorized on: 12/07/2021 \_\_\_\_\_

5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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**FILED  
Dec 07, 2021  
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:

MAZAL 111, LLC

The document number of the limited liability company: L11000005403

The file date of the articles of organization: January 13, 2011

The effective date of the dissolution if not effective on the date of filing: December 7, 2021

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

USING AN ADDRESS AND REGISTER AGENT NOT AUTHORIZED

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

2049 S OCEAN DR  
309  
HALLANDALE, FL 33009 US

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: DEMIAN NAIMAN

\_\_\_\_\_  
Electronic Signature of authorized person