11100055623

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER 7

TO:	Registration Section Division of Corporations
SUBJEC	CT: Name of Limited Liability Company
	losed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are ed for filing.
Please ro	Contact Person
166	Firm/Company 10 a limber akes Drive Address
- ‡	FORT Myens FL 33908 dity, State and Zip Code
E-m	Amela Fix Rialton o GMAil cord nail address: (to be used for future annual report notification)
For funti	Name of Contact Person Area Code Daytine 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

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: PAMELA HERON, P.L.
2.	The document number of the company is <u>L11000055623</u>
۷,	The document number of the company is
3.	The effective date the Dissolution was filed is 3 13 2023
4.	The revocation of dissolution was authorized on 3 13 2023
5.	A copy of the Articles of Dissolution is attached.
	(Comb) p
	Signature of person-authorized to submit the revocation of dissolution

Filing Fee:

\$100,00

Certified Copy: \$30.00 (optional)

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