L11000069556

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (National) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Littly Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| I HORNE |
| J. HORNE APR 2 3 2024 |
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Office Use Only

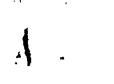


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FLORIDA DEPARTMENT OF STAT Division of Corporations

March 13, 2024

KAREN JOHNSON 1824 ISLAND WAY OSPREY, FL 34229 US

SUBJECT: BLUE SKY EYEWEAR, LLC

Ref. Number: L11000069556

We have received your document and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00005433

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Blue Sky Eyewear 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: |
| Karen Johnson Contact Person |
| Blue Sky Eyewear LLC Firth/Company |
| 1824 Island Way |
| OSprey FL 342291 City, State and Zip Code |
| E-mail address: (to be used for future Innual report notification) |
| For further information concerning this matter, please call: Lavert Tolorson at 941, 716-2786 |

Mailing Address:

Name of Contact Person

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

Street Address:

Area Code

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

Daytime Telephone Number

FILED 2024 APR 22 AHII: 41 STATEMENT OF REVOCATION OF DISSOLUTION AND APR STATE 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: Blue Sky Eyewear LLC |
|----|--|
| 2. | The document number of the company is |
| 3. | The effective date the Dissolution was filed is February 7, 2024 |
| 4. | The revocation of dissolution was authorized on February 10, 2024 |
| 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)

CR2E132 (10/15)

FILED Feb 06, 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:

BLUE SKY EYEWEAR, LLC

The document number of the limited liability company: L11000069556

The file date of the articles of organization: June 14, 2011

The effective date of the dissolution if not effective on the date of filing: February 7, 2024

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

BUSINESS WAS SOLD

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

KAREN JOHNSON 1824 ISLAND WAY OSPREY, FL 34229

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: KAREN L JOHNSON

Electronic Signature of authorized person