

L11000079643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

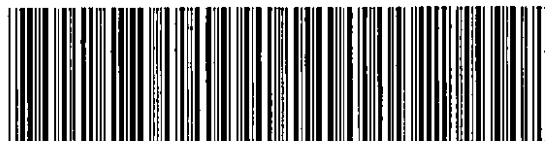
(Document Number)

Certified Copies _____

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TALLAHASSEE, FLORIDA

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A. BUTLER

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Plus Burke Painting LLC
DOCUMENT NUMBER: L11000079463

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID M. EHRHARDT
Name of Contact Person

A Plus Burke Painting LLC
Firm/Company

5810 PARK Blvd
Address

PineLLAS PARK FL 33781
City State and Zip Code

NDEAN@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID M EHRHARDT At (727) 455-5258
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Plus Burke Painting, 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:

David M. Ehrhardt
Contact Person

A Plus Burke Painting, LLC
Firm/Company

1461 Woodstream Drive
Address

Oldsmar, Florida 34677
City, State and Zip Code

KJC0308@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Ehrhardt at (727) 455-5258
Name of Contact Person Area Code Daytime 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

FILED

STATEMENT OF REVOCATION OF DISSOLUTION

2022 NOV -2 PM 12:52

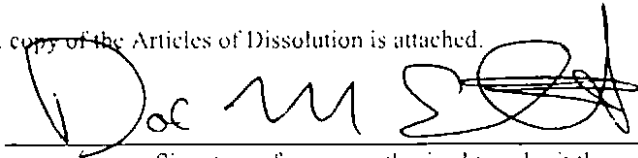
FOR

FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FL

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: A Plus Burke Printing, LLC
2. The document number of the company is 211000079463
3. The effective date the Dissolution was filed is August 25, 2022
4. The revocation of dissolution was authorized on November 2, 2022
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)

FILED
Aug 25, 2022
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:
A PLUS BURKE PAINTING LLC

The document number of the limited liability company: L11000079463

The file date of the articles of organization: July 11, 2011

The effective date of the dissolution if not effective on the date of filing: August 25, 2022

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

The name and address of the person appointed to wind up the company's activities and affairs:
DAVID M EHRHARDT
1461 WOODSTREAM DR
OLDSMAR, FL 34677

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: DAVID M EHRHARDT

Electronic Signature of authorized person