

211000103711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800308952568

02/12/18--01020--016 **100.00

FILED
18 FEB 12 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

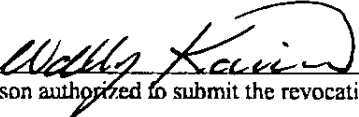
✓ SALY
FEB 15 2018

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
18 FEB 12 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SNOW ROSES, LLC
2. The document number of the company is L11000103711
3. The effective date the Dissolution was filed is 01/20/2018
4. The revocation of dissolution was authorized on 01/29/2018
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
Nov 20, 2017
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:

SNOW ROSES, LLC

The document number of the limited liability company: L11000103711

The file date of the articles of organization: September 12, 2011

The effective date of the dissolution if not effective on the date of filing: January 20, 2018

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

PROPERTY BEING SOLD

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

WALLY KANIA
6111 NW 31ST TERRACE
FT. LAUDERDALE, FL 33309 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: WALLY KANIA

Electronic Signature of authorized person