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COVER LETTER

TO:	Division of Corporations				
SUBJE		E ANO ne of Limited Liab		11	_
	closed Statement of Revocation of Disted for filing.	ssolution for Flori	da Limited Lia	bility Company and	fee(s) are
Please r	return all correspondence concerning	this matter to:			
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	Name of Contact Person	at (_ <i>E</i>	ra Code D	3/3 - 47 aytime Telephone N	43 umber
	STREET ADDRESS:		MAII	LING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P. O. Box 6327

Tallahassee, FL 32314

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.

I.	The name of the company is: 5 & M TILE AND STONE //c
2.	The document number of the company is
3.	The effective date the Dissolution was filed is August 1, 2019
4.	The revocation of dissolution was authorized on September 20, 2019
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)

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:

S & M TILE AND STONE LLC

The document number of the limited liability company: L11000108330

The file date of the articles of organization: September 22, 2011

The effective date of the dissolution if not effective on the date of filing: August 2, 2019

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

WE AREN'T GETTING ALONG

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

SHEENA BROWN 9213 SUNSET DR NAVARRE. 32566

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: SHEENA BROWN

Electronic Signature of authorized person