# L11000 124 452

| (Requestor's Name)                      |            |
|---|------------|
| (Address)                               |            |
| (Address)                               |            |
| (City/State/Zip/Phone #)                | }          |
| PICK-UP WAIT                            | MAIL       |
| (Business Entity Name)                  | <u>}</u>   |
|   |            |
| (Document Number)                       |            |
| Certified Copies Certificates of State  | <br> s<br> |
| Special Instructions to Filing Officer: | 1          |
|   |            |
|   | :          |

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SECRETARY OF STATE

JUN 0 2 2000

### COVER LETTER

| TO:      | Registration Section Division of Corporations  |                                       |   |
|----------|--|---------------------------------------|---|
| SHRJE    | CCT: Beck Naturals LLC   |                                       |   |
| 0013071  | Name of Lin  | nited Liability Cor                   | npany   |
|          | closed Statement of Revocation of Dissolution ded for filing.  | ı for Florida Limit                   | ed Liability Company and fee(s) are   |
| Please i | return all correspondence concerning this mat  | ter to:                               |   |
| Gabrie   | l Williams   |                                       |   |
|          | Contact Person   |                                       | _   |
| Beck N   | laturals LLC   |                                       |   |
|          | Firm/Company   |                                       | _   |
| 3925 S   | Nova Rd Ste 4  |                                       |   |
|          | Address  | · · · · · · · · · · · · · · · · · · · | _   |
| Port O   | range FL 32127   |                                       |   |
|          | City. State and Zip Code   |                                       | _   |
| gabe.e.  | williams@gmail.com   |                                       |   |
| E-r      | nail address: (to be used for future annual repo   | ort notification)                     | _   |
| For furt | her information concerning this matter, please   | e call:                               |   |
| Gabrie   | l Williams   | 386                                   | 5273112   |
|          | Name of Contact Person   | Area Code                             | Daytime Telephone Number  |
|          | STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                                       | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P. O. Box 6327<br>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.

| 1, | Beck Naturals LLC The name of the company is:                          |
|----|--|
| 2. | The document number of the company is                                  |
| 3. | The effective date the Dissolution was filed is                        |
| 4. | The revocation of dissolution was authorized on                        |
| 5. | A copy of the Articles of Dissolution is attached.  A claric williams  |
|    | Signature of person authorized to submit the revocation of dissolution |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

SECRETARY OF STATE PALL ANTASSEE, FLORID.

CR2E132 (10/15)

#### FILED Apr 28, 2020 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:

BECK NATURALS, LLC

The document number of the limited liability company: L11000124452

The file date of the articles of organization: November 1, 2011

The effective date of the dissolution if not effective on the date of filing: April 28, 2020

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

INACTIVITY.

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

GABE WILLIAMS 3925 S S NOVA RD STE 4 PORT ORANGE, FL 32127

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: GABRIEL WILLIAMS

Electronic Signature of authorized personi