



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALICE'S PARKSIDE INVESTMENTS, 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:

BART E CASON  
Contact Person

ALICE'S PARKSIDE INVESTMENTS, LLC  
Firm/Company

PO BOX 515  
Address

HIGH SPRINGS, FLORIDA 32655  
City, State and Zip Code

wcarter@svic.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BART E CASON at (352) 318-7708  
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

**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. The name of the company is: Alice's Parkside Investments, LLC
  
2. The document number of the company is L12000000075
  
3. The effective date the Dissolution was filed is 12/17/2019
  
4. The revocation of dissolution was authorized on Sam Jackson Cason, Sr.
  
5. A copy of the Articles of Dissolution is attached.

*Bob E Cason*  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

2019 DEC 27 PM 2:02