

L12000 000 075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

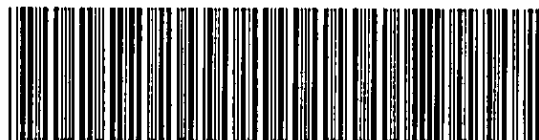
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 08 2020

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

Name of Contact Person

at (352) 318-7708

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)

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