

L1200000000 75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

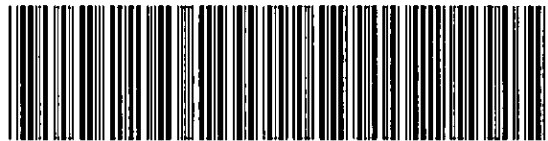
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200330888482

04/02/20--01015--005 ++130.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
20 MAR 31 PM 5:04

Revocation

MAR 31 2020

D. CUSHING

DATE: MARCH 27, 2020

TO: DIVISION OF CORPORATIONS

ATTN: DIANE CUSHING, ADMINISTRATOR

FROM: WENDY CARTER, REGISTERED AGENT OF ALICE'S PARKSIDE INVESTMENTS, LLC

PHONE NO: 352-535-5067

EMAIL: wcarter@svic.net

RE: REVOCATION OF DISSOLUTION AND AMENDMENT TO REMOVE SAM JACKSON CASON, SR.

NOTES: PLEASE FILE THE REVOCATION OF DISSOLUTION FIRST SO THE AMENDMENT CAN BE FILED SECOND. (I'm sure you know this but I wanted to include that to be on the safe side.) NEXT PLEASE INCLUDE WITH THE AMENDMENT ON THE SUNBIZ SITE FOR OUR COMPANY THE ATTACHED LETTER. I WANT OTHERS TO BE ABLE TO READ THIS IF THEY GO TO RESEARCH OUR COMPANY, ESPECIALLY WITH EVERYTHING GOING ON, THEY NEED TO BE MADE AWARE.

THANK YOU AGAIN SO MUCH FOR YOUR HELP,



WENDY CARTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR 31 PM 5:06

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, FL 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:

WENDY L CARTER

at (352) 535-5067

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:

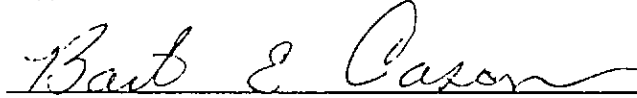
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR 31 PM 5:04

**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 JANUARY 13, 2020
4. The revocation of dissolution was authorized on MARCH 27, 2020
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
SECRETARY OF STATE
CORPORATIONS
20 MAR 31 PM 5:04

FILED
Jan 13, 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:

ALICE'S PARKSIDE INVESTMENTS, LLC

The document number of the limited liability company: L12000000075

The file date of the articles of organization: January 3, 2012

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

THE OWNER SAM JACKSON CASON SR. DOES NOT WANT THIS LLC. REOPENED AND DOES NOT GIVE ANY PERMISSION FOR THE RESTAURANT MANAGER(BART EDWARD CASON) OF PREVIOUS OWNER TO REOPEN ALICE'S PARKSIDE INVESTMENTS, LLC.

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

19358 NW US HWY 441

HIGH SPRINGS, 32643

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: SAM JACKSON CASON SR.

Electronic Signature of authorized person