

L12 000001726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

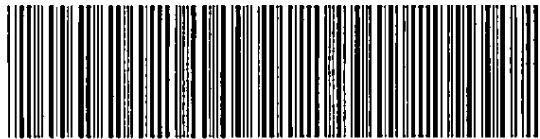
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Olinto, 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:

Peter Olinto

\_\_\_\_\_  
Contact Person

Olinto, LLC

\_\_\_\_\_  
Firm/Company

5446 Whitten Dr

\_\_\_\_\_  
Address

Naples, FL 34104

\_\_\_\_\_  
City, State and Zip Code

peterolinto@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Olinto

at ( 973 ) 492 - 0298

\_\_\_\_\_  
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

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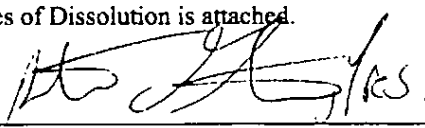
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**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: Olinto, LLC
2. The document number of the company is L12000001726
3. The effective date the Dissolution was filed is September 3, 2024
4. The revocation of dissolution was authorized on September 12, 2024
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)

**FILED**  
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CLERK OF STATE  
TALLAHASSEE, FL

## 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:

OLINTO, LLC

The document number of the limited liability company: L12000001726

The file date of the articles of organization: January 4, 2012

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

THE ENTITY STOPPED DOING BUSINESS.

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: PETER OLINTO

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Electronic Signature of authorized person