## 112000008710

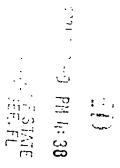
| (Re                      | questor's Name)                         |             |  |  |  |
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| (Ad                      | ldress)                                 |             |  |  |  |
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| (Address)                |   |             |  |  |  |
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|                          |   | ·- <u>-</u> |  |  |  |
| (City/State/Zip/Phone #) |   |             |  |  |  |
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| ☐ PICK-UP                | ☐ WAIT                                  | MAIL        |  |  |  |
|                          |   |             |  |  |  |
| (Bu                      | siness Entity Nar                       | me)         |  |  |  |
| ·                        | •                                       | ·           |  |  |  |
|                          | cument Number)                          |             |  |  |  |
| (LX                      | cument number)                          |             |  |  |  |
|                          |   |             |  |  |  |
| Certified Copies         | Certified Copies Certificates of Status |             |  |  |  |
|                          |   |             |  |  |  |
| Special Instructions to  | Eiling Officer:                         |             |  |  |  |
| Special instructions to  | ining Officer.                          |             |  |  |  |
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Office Use Only



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## COVER LETTER

| то:    | Registration Section Division of Corporations  |  |  |
|--------|--|--|--|
| SHRII  | ECT: PROBIZ CONSULTING LLC   |  |  |
| 170100 | Name of Lim  | ited Liability Cor                     | mpany  |
|        | nclosed Statement of Revocation of Dissolution tted for filing.                                    | for Florida Limit                      | ed Liability Company and fee(s) are  |
| Please | return all correspondence concerning this matter   | er to:                                 |  |
| MARG   | CO REIS  |  |  |
|        | Contact Person   | ······································ | <del>-</del>   |
| USA "  | TAX CORPORATION  |  |  |
|        | Firm/Company   |  |  |
| 591 E  | SAMPLE RD  |  |  |
|        | Address  |  | -  |
| POME   | PANO BEACH FL 33064  |  | _  |
|        | City, State and Zip Code   |  |  |
|        | AX@USATAXFL.COM  |  | _  |
|        | mail address: (to be used for future annual repo   |  |  |
|        | rther information concerning this matter, please   |  | <b>7</b> 00 1040   |
| MARG   | CO REIS  | at ( <u>954</u>                        | )788-1818<br>Daytime Telephone Number  |
|        | 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. | PROBIZ CONSULTING LLC The name of the company is:                      |                    | -      |                     |
|----|--|--------------------|--------|---------------------|
| 2. | 1.12000008710  The document number of the company is                   |                    |        |                     |
| 3. | 03/25/2021 The effective date the Dissolution was filed is             |                    |        | <u>.</u>            |
| 4. | 04/01/2021 The revocation of dissolution was authorized on             |                    |        |                     |
| 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)                | ion<br>inn,<br>Pos | a PH 4 | ، و<br>د دم<br>نسمه |