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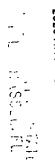
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAYWELL'S LLC  Name of Limited Liability C	
Name of Limited Liability C	ompany
The enclosed Statement of Revocation of Dissolution for Florida Lin submitted for filing.	nited Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
WAYNE MERCER	<del></del>
Contact Person	. 20
MAYNE MERCER  Contact Person  MAYNEU'S LLC  Firm/Company	2023 HAY -9 AM 11:08
PO. Box 1328	9 AH
ZELLWOOD, FL. 32798  City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	com
For further information concerning this matter, please call:	
Chrts MERCET2 at (352 Name of Contact Person Area Cod	e 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: MAXWELL'S LLC
2.	The document number of the company is
<b>3</b> .	The effective date the Dissolution was filed is ApiZEC /1, 2023
4.	The revocation of dissolution was authorized on April 25th 2023
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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