## LIZOCCCT4829

| (Requestor's Name)                      |                      |
|---|----------------------|
| (Address)                               | 900348847            |
| (Address)                               | 300340047            |
| (City/State/Zip/Phone #)                |                      |
| PICK-UP WAIT MAIL                       |                      |
| (Business Entity Name)                  |                      |
| (Document Number)                       | اد - 07/30/200102000 |
| Certified Copies Certificates of Status |                      |
| Special Instructions to Filing Officer: | ALASSEE, FL          |
|   |                      |
|   |                      |

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## COVER LETTER

| TO:    | Registration Section Division of Corporations  |  |
|--------|--|--|
| SUBJE  | ECT: AFFOR BABLE HOSPITALITY OF FLOR<br>Name of Limited Liability Con                              | eish LLC   |
|        | Name of Limited Liability Con  | npany  |
|        | closed Statement of Revocation of Dissolution for Florida Limit ted for filing.                    | ed Liability Company and fee(s) are  |
| Please | return all correspondence concerning this matter to:   |  |
| JE     | Contact Person   | _  |
| _      | Contact Person   |  |
| AFFE   | PIRM/Company   | -  |
| 821    | 3 WHISTLING PINE WAY Address   | -  |
| 7/     | City, State and Zip Code   | -  |
|        | ARNES FUS D GMAIL, COM  mail address: (to be used for future annual report notification)           | -  |
| For fu | rther information concerning this matter, please call:   |  |
| JE     | FF BARNES at 813  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,   | The name of the company is: AFFORDARLE HOSPITALTM OF FLORIDA, LLC      |         |
|--|--|---------|
| 2.   | The document number of the company is <u>L12000074826</u>              |         |
| 3.   | The effective date the Dissolution was filed is $\frac{7/2/1010}{}$    |         |
| 4.   | The revocation of dissolution was authorized on 7/24/2020              |         |
| 5.   | A copy of the Articles of Dissolution is attached.                     |         |
|  | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                                |         |
| Signature of person authorized to submit the revocation of dissolution |  |         |
|  | Signature of person authorized to submit the revocation of dissolution | T = 7   |
|  | Filing Fee: \$100.00 SO RECTIFIED Copy: \$30.00 (optional)             | リフ<br>フ |

## 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:

AFFORDABLE HOSPITALITY OF FLORIDA, LLC

The document number of the limited liability company: L12000074829

The file date of the articles of organization: June 5, 2012

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

BUSINESS CLOSED AND STOPPED OPERATING

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: JEFFREY BARNES

Electronic Signature of authorized person