

L13000066430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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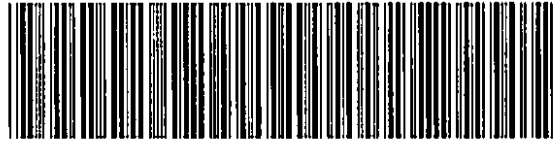
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
SMA Black Holdings LLC

**SUBJECT:** \_\_\_\_\_  
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:

Wade Scott Black

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

SMA Black Holdings LLC

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

606 W Swann Ave

\_\_\_\_\_  
Address

Tampa, FL 33606

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

scott\_black@mac.com

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

For further information concerning this matter, please call:

W Scott Black

813

418-1580

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

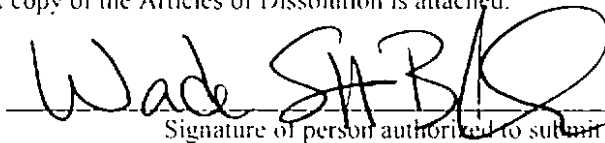
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STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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.

SMA BLACK HOLDINGS LLC

1. The name of the company is: \_\_\_\_\_  
L13000066430
2. The document number of the company is \_\_\_\_\_  
March 27th, 2020
3. The effective date the Dissolution was filed is \_\_\_\_\_  
March 27th, 2020
4. 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)

FILED  
Mar 27, 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:

SMA BLACK HOLDINGS LLC

The document number of the limited liability company: L13000066430

The file date of the articles of organization: May 6, 2013

The effective date of the dissolution if not effective on the date of filing: March 27, 2020

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

WAS GOING TO START A SIDE BUSINESS UP BUT DECIDED NOT TO AFTER LOSING MY SALARIED JOB AND COVID PANDEMIC.

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

W SCOTT BLACK  
606 W SWANN AVE  
TAMPA, FL 33606

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: WADE SCOTT BLACK

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Electronic Signature of authorized person