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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

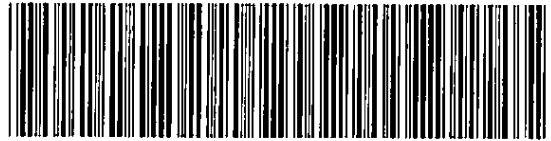
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORRY FAMILY, 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:

Sarah Moore

Contact Person

First Coast Corporate Services

Firm/Company

16 Torcido Blvd.

Address

St. Augustine, FL 32095

City, State and Zip Code

sgray@firstcoastcorp.com

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

For further information concerning this matter, please call:

Sarah Moore

Name of Contact Person

at (855)

Area Code

236-9172

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2024

SARAH MOORE
16 TORCIDO BLVD
ST AUGUSTINE, FL 32095

SUBJECT: CORRY FAMILY, LLC
Ref. Number: L13000121035

AUG 1 9 2024

We have received your document for CORRY FAMILY, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

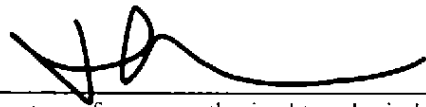
SHANTELL BROWN
Regulatory Specialist II

Letter Number: 824A00017153

**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: CORRY FAMILY, LLC
2. The document number of the company is L13000121035
3. The effective date the Dissolution was filed is 07/10/2024
4. The revocation of dissolution was authorized on 07/15/2024
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)**

FILED
Jul 10, 2024
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:

CORRY FAMILY, LLC

The document number of the limited liability company: L13000121035

The file date of the articles of organization: August 26, 2013

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

THE LIMITED LIABILITY COMPANY IS NO LONGER TRANSACTING BUSINESS IN THE STATE OF FLORIDA.

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

THALIA LANKIN
122 E 42 ST STE 4900
NEW YORK, NY 10168

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: THALIA LANKIN

Electronic Signature of authorized person