

L13000 121035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

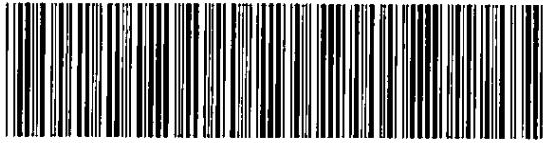
(Business Entity Name)

(Document Number)

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2024 AUG 19 PM 2:09  
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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 at ( 855 ) 236-9172  
Name of Contact Person Area Code Daytime Telephone Number

2024 JUN 19 PM 2:09  
SECURITY

**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.

RECORDED  
2024 JUL 19 11:49:09

  
\_\_\_\_\_  
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.

SECRET  
2024 Jul 19 PM 2:09

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