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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

LLC REVOCATION OF DISSOLUTION ADTZ LLC

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COVER LETTER

Division of Corporations		
SUBJECT: ADTZ LLC		
Name	of Limited Liability Cor	npany
The enclosed Statement of Revocation of Diss submitted for filing.	olution for Florida Limit	ted Liability Company and fec(s) are
Please return all correspondence concerning the	us inatter to:	
IRMA SERNA		
Contact Person		-
ASLAN TAX SERVICES INC		
Firm/Company		_
1770 WEST FLAGLER ST STE 4		
Address		-
MIAMI, FL 33135		
City, State and Zip Co	de	_
IRMA@ASLANTAXSERVICE.COM		
E-mail address: (to be used for future ann	ual report notification)	_
For further information concerning this matter	•	
IRMA SERNA	305 at (644-9144
Name of Contact Person	Arca Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

. . . .

CR2E132 (10/15)

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.	ADTZ LLC The name of the company is:
2.	The document number of the company is
3.	OCTOBER 5, 2022 The effective date the Dissolution was filed is
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 2023 A 2 5 7 8 6: 32