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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone

: (800) 432-3622 Fax Number

LLC REVOCATION OF DISSOLUTION **GR8 TUTOR LLC**

PLEASE FILE FIRST, PRIOR TO THE AMENDMENT FOR **GR8 TUTOR LLC**

Certificate of Status	0
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(1)

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.

	Crs (utor, LLC	
1.	The name of the company is:	
	L14000012644	
2.	The document number of the company is	
	6/12/20	٠.
3.	The effective date the Dissolution was filed is	
	8/7 <i>/2</i> 0	
4,	The revocation of dissolution was authorized on	
	4	~
5 .	A copy of the Articles of Dissolution is attached.	$\tilde{\epsilon}$
•	a fee	_
	Signature of person authorized to submit the revocation of dissolution	

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

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FILED Jun 12, 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:

GR8 TUTOR LLC

The document number of the limited liability company: L14000012644

The file date of the articles of organization: January 23, 2014

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

NO LONGER IN USE

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

AVIVIT BEN-AHARON 3389 SHERIDAN STREET, #113 HOLLYWOOD, FL 33021

liwe 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: AVIVIT BEN-AHARON

Electronic Signature of authorized person

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