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COVER LETTER

TO A DOMESTIC CONTRACTOR				
TO: Registration Section Division of Corporations				
SUBJECT: AJT Insurance, LLC				
SUBJECT: Name of Limited	Liability Cor	npany		
The enclosed Statement of Revocation of Dissolution for submitted for filing.	Florida Limit	ed Liability Company and fee(s) are		
Please return all correspondence concerning this matter to	:			
Aaron Cohen				
Contact Person		-		
Firm/Company		_		
1650 SE 17th St. Suite 300		_	20	14 5 E
Address		_		浸호
Ft. Lauderdale, FL 33316		_	20 JUL 27 PH 12: 15	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
City, State and Zip Code			PH 12:	OF ST/
aaron@etags.com		_	5	
E-mail address: (to be used for future annual report n	otification)			7
For further information concerning this matter, please cal	l:			
Aaron Cohen	954	762-3410		
Name of Contact Person	Area Code	Daytime Telephone Number	-	
Mailing Address:		Street Address:		
Registration Section Registration Section				
•		Division of Corporations		
P.O. Box 6327 Tallabasee, El. 32314		The Centre of Tallahassee	. 010	
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Tallahassee, FL 32303

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.

Ι,	AJT Insurance, LLC The name of the company is:
2.	1.14000014416 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	07/07/2020 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: Certified Copy: \$30.00 (optional)

\$100.00

CR2E132 (10/15)

FILED Apr 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:

AJT INSURANCE LLC

The document number of the limited liability company: L14000014416

The file date of the articles of organization: January 27, 2014

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

BUSINESS NO LONGER IN OPERATION

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

AARON COHEN 1650 SE 17TH ST, SUITE 300 FORT LAUDERDALE, FL 33316 UN

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: AARON COHEN

Electronic Signature of authorized person