

LA 0000 99240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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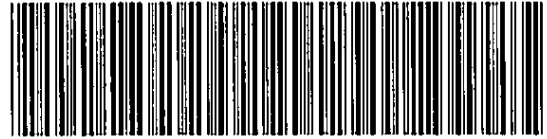
(Business Entity Name)

(Document Number)

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TAMM HALL BUILDING
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SEP 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plantensive, 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:

Jonathan D.G. Lock

Contact Person

Plantensive, LLC

Firm/Company

250 Minorca Beach Way, Unit 305

Address

New Smyrna Beach, FL 32169

City, State and Zip Code

glock@plantensivegroup.com

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

For further information concerning this matter, please call:

Jonathan D.G. Lock

Name of Contact Person

at (443)

Area Code

421-0564

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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: Plantensive, LLC
2. The document number of the company is L14000099240
3. The effective date the Dissolution was filed is 08/28/2019
4. The revocation of dissolution was authorized on 08/30/2019
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)

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STATE OF FLORIDA

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