

L4 000 116 142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

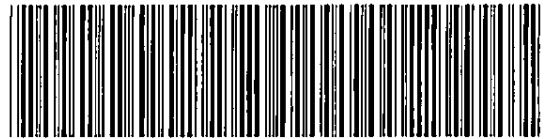
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/24--01030--029 **100.00

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2024 DEC 16 PM 3:54
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLub Chic 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:

Tanya Williston
Contact Person

CLub Chic LLC
Firm/Company

11675 NW 28th Ct
Address

Coral Springs, FL 33076
City, State and Zip Code

Tmswilliston25@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Williston at (954) 279-8584
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

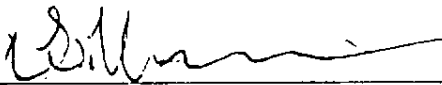
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CLUB CHIC LLC
2. The document number of the company is L14000116142
3. The effective date the Dissolution was filed is Dec 9, 2024
4. The revocation of dissolution was authorized on Dec 9, 2024
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)

CR2E132 (10/15)

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TALLAHASSEE, FL

Tyler Payments Services

Payment Receipt Confirmation
Your payment was successfully processed.

Transaction Summary		Receipt Confirmation
Description		Amount
Total Payment To Division of Corporations		\$25.00
Service Fee		\$0.00
Total Amount Paid		\$25.00

Transaction Detail				
SKU	Description	Unit Price	Quantity	Amount
100440805611 L14000116142	Dissolution of Limited Liability Company	\$25.00	1	\$25.00
	Service Fee	\$0.00		\$0.00
Total Amount Paid				\$25.00

Customer Information			
Customer Name	TANYA WILLISTON	Receipt Date	12/9/2024
Local Reference ID	100440805611 L14000116142	Receipt Time	11:45:12 AM EST

Payment Information			
Payment Type	Credit Card	Credit Card Number	*****1316
Credit Card Type	MAST	Order ID	162405326
		Name on Credit Card	Tanya Williston

Billing Information	
Billing Address	11675 NW 48th Ct
Billing City, State	Coral Springs, FL
Billing Zip/Postal Code	33076
Country	US

Visit tylertech.com/mtg for license information and disclosures.
NIC Services, LLC dba Tyler Payments Services ● 7701 College Boulevard, Overland Park, KS 66210 ● (888) 853-0663
NIC Payment Solutions in Hawaii, New Jersey & Wisconsin