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(Re	equestor's Name)	<del></del>
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: PNIK INY, 6,6C
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:
PETER M. KAPLAN
PWK Tarronala Tigala /
Fim/Company
7031 Islegrove Place
BOCG RATON FLORIDA 33433 City, State and Zip Code
PMK TurerNational 1@ Comcast. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    CTCR   KAP   AN
Prainc of Contact Leison Area Code Dayting 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

TO:

# 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.

t.	The name of the company is: PMK Tiny, LLC.	
2.	The document number of the company is 14000181900	
3.	The effective date the Dissolution was filed is <u>+eB. 8, 2023</u>	
4.	The revocation of dissolution was authorized on Feb. 9, 2023	
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)	75
		-
CR2E13	32 (10/15)	