

L14000188702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

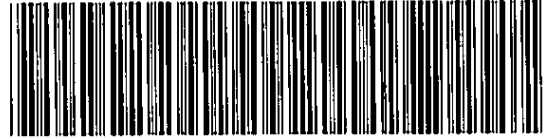
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Revocation

DEC 05 2019

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAKEDGRAPE, 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:

Lisa Vinton

Contact Person

Firm/Company

25919 Kiley Court

Address

Murrieta, California 92563

City, State and Zip Code

lisavinton26@gmail.com

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

For further information concerning this matter, please call:

Lisa Vinton

Name of Contact Person

at ( 951 )

Area Code

317-9935

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2019

LISA VINTON  
25919 KILEY COURT  
MURRIETA, CA 92563

SUBJECT: NAKEDGRAPE, LLC  
Ref. Number: L14000188702

We have received your document for NAKEDGRAPE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I believe that you misread section 3 of the application. The dissolution was filed in our office on September 13, 2019. The December 2, 2014 date is the date the articles of organization was filed in our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 519A00022430

2019 OCT 31 8:06

**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.

- NAKEDGRAPE, LLC
1. The name of the company is: \_\_\_\_\_
2. The document number of the company is L14000188702
3. The effective date the Dissolution was filed is ~~December 2, 2014~~ September 13, 2019 *lue*
4. The revocation of dissolution was authorized on October 4, 2019
5. A copy of the Articles of Dissolution is attached.

*Lisa Venton, managing member*  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Sep 13, 2019**  
**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:

NAKEDGRAPE, LLC

The document number of the limited liability company: L14000188702

The file date of the articles of organization: December 2, 2014

The effective date of the dissolution if not effective on the date of filing: September 13, 2019

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

CLOSING PARTNERSHIP

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

KATHLEEN JONES  
311 CARIBBEAN DR E  
SUMMERLAND KEY, FL 33042

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: **DARCY J WADSWORTH**

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Electronic Signature of authorized person