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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/19/20--01039--012 **100.00

R. WHITE. DEC 1 8 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Good Karma Investments LLC		
Name of Lim	nited Liability Cor	mpany
The enclosed Statement of Revocation of Dissolution submitted for filing.	i for Florida Limit	ted Liability Company and fee(s) are
Please return all correspondence concerning this matt	ter to:	
Eric Theis		
Contact Person		_
Good Karma Investments LLC		
Firm/Company		_
3961 NW 46th Avenue		
Address		_
Gainesville, FL 32606		
City, State and Zip Code		_
teamtheis@yahoo.com		_
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	e call:	
Eric Theis	_ at (417-7883
Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81
		Tallahassee, FL 32303

10.11.400

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.

۱.	Good Karma Investments LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	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: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)