

L150000 28787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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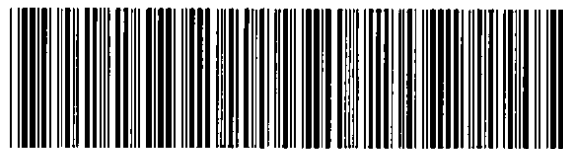
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: The Color Black, 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:

Ruth K. McDonald

Contact Person

Hathaway & Reynolds, PLLC

Firm/Company

50 A1A North, Suite 108

Address

Ponte Vedra Beach, FL 32082

City, State and Zip Code

greg@thehotelpalms.com

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

For further information concerning this matter, please call:

Ruth K. McDonald

Name of Contact Person

at (904) 280-5575

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: The Color Black, LLC
2. The document number of the company is L15000028797
3. The effective date the Dissolution was filed is 05/26/2023
4. The revocation of dissolution was authorized on 05/26/2023
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)