

L15000032903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

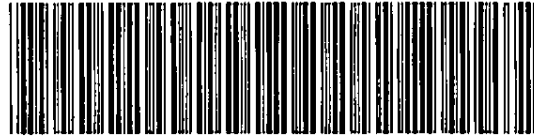
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTINE L SPOONER 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:

CHRISTINE SPOONER
Contact Person

CHRISTINE L SPOONER LLC
Firm/Company

422 LAKE POINT CT
Address

SUN CITY CENTER, FL 33573
City, State and Zip Code

C. SPOONER @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS SPOONER at (813) 363-3031
Name of Contact Person Area Code Daytime Telephone Number

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

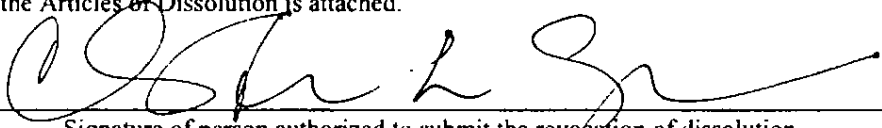
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10/27/20

**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: CHRISTINE L SPOONER LLC
- 2. The document number of the company is L15000032903
- 3. The effective date the Dissolution was filed is 10/13/2020
- 4. The revocation of dissolution was authorized on 10/26/2020
- 5. A copy of the Articles of Dissolution is attached. You have on file.



Signature of person authorized to submit the revocation of dissolution

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