## 115000058385

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Äddress)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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Office Use Only



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D. SCOTT JAN 11 2019

## COVER LETTER

| TO:     | Registration Section Division of Corporations  |                    |   |                      |   |
|---------|--|--------------------|---|----------------------|---|
| SUBJ    | Davis II C   |                    |   |                      |   |
| 3000    |  | nited Liability Co | mpany   |                      |   |
|         | nclosed Statement of Revocation of Dissolution ted for filing.   | n for Florida Limi | ted Liability Company and fe  | ee(s) are            |   |
| Please  | return all correspondence concerning this mat  | ter to:            |   |                      |   |
| Alber   | ( M Silva CPA  |                    |   |                      |   |
|         | Contact Person   |                    | <del>_</del>  |                      |   |
| SGO.    | Advisory PA  |                    |   |                      |   |
|         | Firm/Company   |                    | -   | ~ ~2                 |   |
| 2163    | SW 153 Path  |                    | L A   | 2119 JAN - 2 P IN 30 | ١ |
|         | Address  | _                  |   | 語言人                  |   |
| Miam    | i, FL 33185  |                    | •   |                      |   |
|         | City, State and Zip Code   |                    |   | F. 65                |   |
| albert. | silva@sgoadvisory.com  |                    |   | 30<br>ARCA           |   |
| E-      | mail address: (to be used for future annual rep  | ort notification)  | _   |                      |   |
| For fu  | ther information concerning this matter, pleas   | e call:            |   |                      |   |
| Albert  | M Silva CPA  | 305<br>at (        | 310-5808  |                      |   |
|         | Name of Contact Person   | Area Code          | Daytime Telephone Nur   | mber                 |   |
|         | STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                    | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P. O. Box 6327<br>Tallahassee, FL 32314 |                      |   |

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708. Florida Statutes, this Florida fimited 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. | Dayvs 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 $\frac{01/01/2019}{2}$ |   |
| 5. | A copy of the Articles of Distrolution is attached.                    | 4 |
|    | Signature of person authorized to submit the revocation of dissolution | う |
|    | 7 Onlot  |   |
|    | Filing Fee: \$100.00   |   |

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

## 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:

DAYVS LLC

The document number of the limited liability company: L15000058385

The file date of the articles of organization: April 2, 2015

The effective date of the dissolution if not effective on the date of filing: January 1, 2019

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

CEASED DOING BUSINESS

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: DAYVA SOTO

Electronic Signature of authorized person