

45000 138 767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

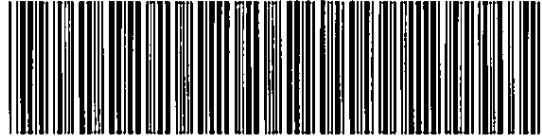
(Business Entity Name)

(Document Number)

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

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FILED  
2019 SEP 25 PM 3:44  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L & B Trans. 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:

Rafael Cardona

\_\_\_\_\_  
Contact Person

L & B Trans. LLC

\_\_\_\_\_  
Firm/Company

3424 Harlequin Drive

\_\_\_\_\_  
Address

Saint Cloud, FL 34772

\_\_\_\_\_  
City, State and Zip Code

lbtrans.llc@gmail.com

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

For further information concerning this matter, please call:

Rafael Cardona

at ( 787 ) 661-0770

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

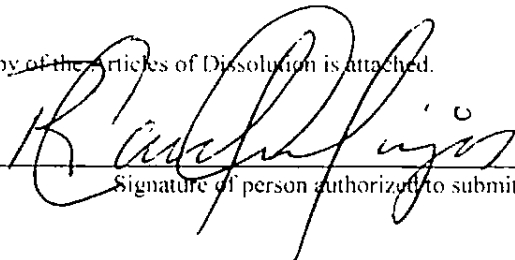
**MAILING ADDRESS:**

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

**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: L & B Trans. LLC
2. The document number of the company is L15000138767
3. The effective date the Dissolution was filed is September 9, 2019
4. The revocation of dissolution was authorized on Rafael Cardona (thas a error o mistake)
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)

**FILED**  
2019 SEP 25 P 3:44  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**FILED**  
**Sep 09, 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:

L & B TRANS, LLC

The document number of the limited liability company: L15000138767

The file date of the articles of organization: August 13, 2015

The effective date of the dissolution if not effective on the date of filing: September 9, 2019

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

CLOSE OPERATION

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: **RAFAEL CARDONA**

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Electronic Signature of authorized person