# 15000169552

(R	equestor's Name)
	ddress)
(Ar	ddress)
(C	ity/State/Zip/Phone #)
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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### COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: \_\_\_\_\_

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:

JOSE L MEDINA

Contact Person

### AMAZONAS SEGURIDAD ELECTRONICA LLC

Firm/Company

15151 PIGEON PLUM LANE

Address

2023 MAR 28 AM 11: WINTER GARDEN, FL 34787 USA City, State and Zip Code JOLUMEDINALE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE L MEDINA 407 729-0593 at ( Name of Contact Person Daytime Telephone Number Area Code

# 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

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## 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.	AMAZONAS SEGURIDAD ELECTRONICA LLC The name of the company is:
2.	L15000169552 The document number of the company is
3.	03/22/2023 The effective date the Dissolution was filed is
4.	03/22/2023 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:\$100.00Certified Copy:\$30.00 (optional)

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