

L16000619401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

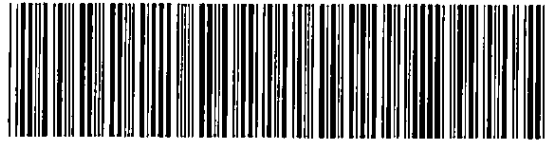
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEEK DRY WALL  
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:

JOSEPH ARCURI  
Contact Person

MEEK'S DRY WALL  
Firm/Company

1320 NE 35 ST  
Address

CAPE CORAL FL 33909  
City, State and Zip Code

JOEARCURIO@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH ARCURI at (239) 747-9253  
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:**

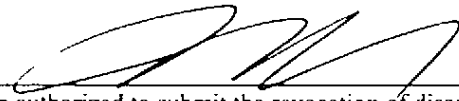
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2024 MAY 30 PM 12:07

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: MEERS DRYWALL LLC
2. The document number of the company is L 160000194097
3. The effective date the Dissolution was filed is 5/15/24
4. The revocation of dissolution was authorized on 5/17/24
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)