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COVER LETTER

TO:	Registration Section Division of Corporations				
	CharRorn Consulting LLC				
SUBJI	UBJECT: Name of Limited Liability Company				
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ed Liability Company and fee(s) ar		
Please	return all correspondence concerning this matte	er to:			
Alicia	Loving				
	Contact Person		_		
CharB	em Consulting				
_	Firm/Company		_		
801 S	Park Ave		_		
_	Address		_		
Sanfor	rd, FL 32771				
	City, State and Zip Code		_		
AMLo	oving1029@hotmail.com				
E-	mail address: (to be used for future annual repo	rt notification)	_		
For fur	ther information concerning this matter, please	call:			
Alicia	Loving	407 at (547-9652		
	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.	CharBern Consulting, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $\frac{2/15/2019}{}$
4.	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: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Feb 15, 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:

CHARBERN CONSULTING, LLC

The document number of the limited liability company: L16000027446

The file date of the articles of organization: February 9, 2016

The effective date of the dissolution if not effective on the date of filing: February 15, 2019

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

CLOSING BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

ALICIA LOVING 801 S PARK AVE SANFORD, FL 32771

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: ALICIA LOVING

Electronic Signature of authorized person