

L16 000040144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

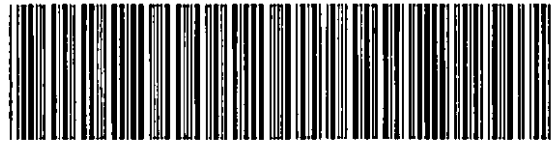
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/21--01022--027 **100.00

FILED
2021 MAR 29 PM 2:00
TALLAHASSEE, FLORIDA

JL

MICHAEL EDWARDS, P.A.

ATTORNEY AT LAW
Telephone (772) 335-4949
michaeledwardslaw@gmail.com

Physical Address

1860 SW Fountaniview Blvd.
Port St. Lucie, Florida 34986

Mailing Address

P.O. Box 880965
Port St. Lucie, Florida 34988

March 26, 2021

Registration Section
State of Florida Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

RE: LPZ Investments, LLC, a Florida limited liability company
Statement of Revocation Dissolution

Dear Sir or Madam:

In connection with the captioned matter, please find enclosed the following:

1. Cover Letter
2. State of Revocation of Dissolution for Florida Limited Liability Company
3. Articles of Dissolution
4. Our firm's check in the amount of \$100.00

We kindly request that you file same with the Division of Corporation so that we activate the captioned LLC and subsequently, file the 2021 Annual Report.

If you have any questions, kindly contact us.

Very truly yours,

MICHAEL EDWARDS, P.A.

Michael Edwards, President

ME/sc
enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LPZ Investments, 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:

Nestor Hernandez

Manager Contact Person

LPZ Investments, LLC

Firm/Company

3424 SW Catskill Drive

Address

Port St. Lucie, Florida 45953

City, State and Zip Code

hny757@gmail.com

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

For further information concerning this matter, please call:

Nestor Hernandez

at (305) 904-8317

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

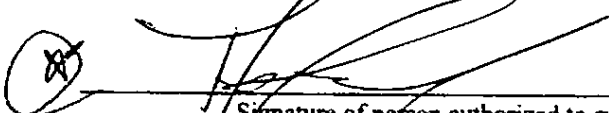
Street Address:

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**

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: LPZ Investments, LLC
2. The document number of the company is L16000040144
3. The effective date the Dissolution was filed is December 6, 2020
4. The revocation of dissolution was authorized on March 16, 2021
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution
Nestor Hernandez, Manager

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED
2021 MAR 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILED
Dec 08, 2020
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:
LPZ INVESTMENTS, LLC

The document number of the limited liability company: L16000040144

The file date of the articles of organization: February 19, 2016

The effective date of the dissolution if not effective on the date of filing: December 6, 2020

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

The name and address of the person appointed to wind up the company's activities and affairs:
NESTOR HERNANDEZ
3424 SW CATSKILL DR
PORT ST LUCIE, FL 34953 UN

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: NESTOR HERNANDEZ

Electronic Signature of authorized person