

L 16 0000 60868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

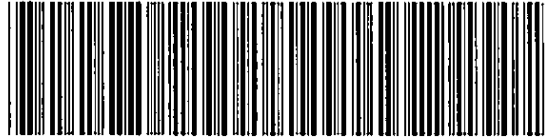
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ART OF MANAGE,EMT 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:

ALBANIA LOVELACE

Contact Person

THE ART OF MANAGEMENT LLC

Firm/Company

1650 BRICKELL AVE . STE 105

Address

MIAMI FL 33129

City, State and Zip Code

albylovelace@gmail.com

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

For further information concerning this matter, please call:

Albania Lovelace

at (305) 450-0177

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:

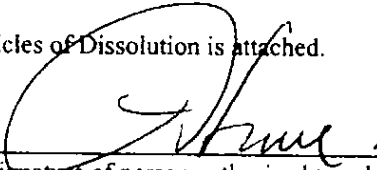
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 FEB 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FL

**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: THE ART OF MANAGEMENT LLC
2. The document number of the company is L16000060868
3. The effective date the Dissolution was filed is FEB-25-2022
4. The revocation of dissolution was authorized on FEB 28-2022
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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CLERK OF STATE
TALLAHASSEE, FL

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