

L160000 92241

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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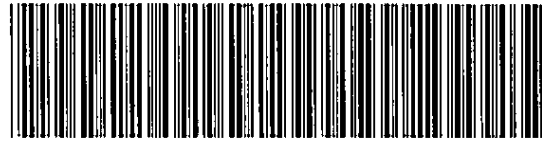
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 MAY 21, AM 10:56

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAUDE'S DEPOT 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:

MAUDE SUFFRENA

Contact Person

MAUDE'S DEPOT LLC

Firm/Company

4614 HARNESS CT

Address

ORLANDO, FLORIDA 32818

City, State and Zip Code

Suffrena41@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAUDE SUFFRENA

at (407)

233 8649

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

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19 MAY 24 AM 10:56

CLERK OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

MAUDE SUFFRENA
MAUDE'S DEPOT LLC
4614 HARNESS CT
ORLANDO, FL 32818

SUBJECT: MAUDE'S DEPOT LLC
Ref. Number: L16000092241

We have received your document for MAUDE'S DEPOT LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate that the subject Limited Liability Company has not filed their current year annual report.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 919A00009944

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: MAUDE'S DEPOT LLC
2. The document number of the company is L16000092241
3. The effective date the Dissolution was filed is 02/13/2019
4. The revocation of dissolution was authorized on 03/01/2019
5. A copy of the Articles of Dissolution is attached.

Marede Suffrena

Signature of person authorized to submit the revocation of dissolution

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19 MAY 24 AM 10:56

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
Feb 13, 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:

MAUDE'S DEPOT LLC

The document number of the limited liability company: L16000092241

The file date of the articles of organization: May 11, 2016

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

NOT PROFITABLE

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

MAUDE SUFRENA
4616 HARNESS CT
ORLANDO, FL 32818

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: MAUDE SUFRENA

Electronic Signature of authorized person