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(((H24000279998 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 10G3 LLC Account Number : I20230000180 Phone : (321)316-3005 Fax Number : (321)395-1551

> LLC REVOCATION OF DISSOLUTION CENTRAL FLORIDA FB GROUP, LLC.

Certificate of Status	1
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NIG 22 2024 K. Brumbley



August 22, 2024

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

CENTRAL FLORIDA FB GROUP, LLC. 3373 S KIRKMAN RD 928 ORLANDO, FL 32811

SUBJECT: CENTRAL FLORIDA FB GROUP, LLC.

REF: L16000099928

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a LIMITED PARTNERSHIP (LP/ LLLP), but your entity is a LLC (LIMITED LIABILITY COMPANY). Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H24000279998 Karen A Saly Letter Number: 624A00018788 Regulatory Specialist II

## COVER LETTER

TO:	Registration Section Division of Corporations				
eno n	CENTRAL FLORIDA FB GROUP, LL	С			
NODJI	Name of Limited Liability Company				
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limi	red Liability Company and fee(s) are		
Please	return all correspondence concerning this matt	er to:			
JULIA	. DA COSTA				
	Contact Person		_		
TAX 0	ONE CONSULTING SERVICES, LLC				
	Firm/Company		_		
707 W	OAKLAND AVE SUITE 3217				
***************************************	Address				
OAKI	AND, FL, 34787				
	City, State and Zip Code	The last constraints of the cons			
	ICES@TAXONEC.COM		_		
E-	mail address: (to be used for future annual repo	ort notification)			
For fur	ther information concerning this matter, please				
JULIA	DA COSTA	at ( <u>941</u>	800-1041		
	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.

١,	CENTRAL FLORIDA FB GROUP, LLC The name of the company is:
2.	L16(XXXX)99928  The document number of the company is
3.	The effective date the Dissolution was filed is
4.	04/30/2024 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Felge Barross Olivira
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

2024 AUG 22 PM 1: 51

