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COVER LETTER

TO:	Registration Section Division of Corporations		
CHUNT	ECT: ODD JOB BY DAVE LAMOTHE,	, LLC	
SUBJE	Name of	Limited Liability (Company
	closed Statement of Revocation of Dissoluted for filing.		
Please	return all correspondence concerning this	matter to:	
DAVII	D LAMOTHE		
	Contact Person		
ODD J	JOB BY DAVE LAMOTHE, LLC		
	Firm/Company		_
201 CI	LAIRE DR		
	Address		
SEFFN	NER, FL 33584		
	City, State and Zip Code		
-	b.bydave.lamothe@gmail.com		
E-r	mail address: (to be used for future annual	report notification)
For furt	ther information concerning this matter, p	lease call:	
DAVII	D LAMOTHE	at (813	918-7200
	Name of Contact Person	Area Co	de Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 DEC 27 PM 5: 12
TALLAHASSEE, FEORIAL

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.	ODD JOB BY DAVE LAMOTHE, LLC The name of the company is:	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.	
	Da.iO Lamothe (Dec. 13, 2021 18:00 EST)	
	Signature of person authorized to submit the revocation of dissolution	•

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)