

L16000123093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/05/22--01021--001 \*\*100.00

2022 OCT 17 AM 9:32

*Revocation*

NOV 30 2022

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cumberland Services Two 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:

Olajide Ogun

\_\_\_\_\_  
Contact Person

Cumberland Services Two LLC

\_\_\_\_\_  
Firm/Company

9714 Provencal Avenue

\_\_\_\_\_  
Address

Seffner, FL 33584

\_\_\_\_\_  
City, State and Zip Code

Cumberlandtwo2@gmail.com

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

For further information concerning this matter, please call:

Jay Ogun

at ( 571 )

494-9385

\_\_\_\_\_  
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:**

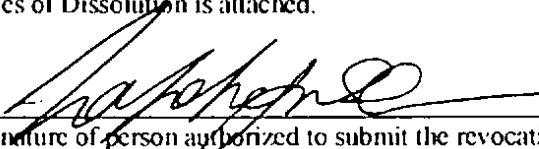
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 OCT 17 AM 9:32

**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.

- CUMBERLAND SERVICES TWO LLC**
1. The name of the company is: \_\_\_\_\_
- L16000123093**
2. The document number of the company is \_\_\_\_\_
- SEPT, 6 2022**
3. The effective date the Dissolution was filed is \_\_\_\_\_
- OCT 4 2022**
4. The revocation of dissolution was authorized on \_\_\_\_\_
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

CLIMBERIAN SERVICES TWO LLC

2. The Articles of Organization were filed on 06/27/2016 and assigned

document number L16000123093

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

MEETING OF MEMBERS TO AGREE TO DISSOLVE COMPANY

08/18/2022

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:


OLAJIDE OGUN

2206 KENDALL SPRINGS CT

# 202

BRANDON FL 33510

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

OLAJIDE OGUN  
Printed Name

**FILING FEE: \$25.00**