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(Re	questor's Name)	
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S. WARREN
JUL 1 8 2017

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	FLY MOUTHWASH LLC	
_	Name of Limited Liability Cor	mpany
The enclosed submitted for	Statement of Revocation of Dissolution for Florida Limit filing.	ed Liability Company and fee(s) are
Please return	all correspondence concerning this matter to:	
Willian	n T. Conroy	_
	Contact Person	_
Johnso	on, Pope, Bokor, Ruppel & Burns, LLP	_
	Firm/Company	
333 3rd	l Avenue North, Suite 200	_
	Address	
St. Pete	rsburg, Florida 33701	
	City, State and Zip Code	_
willc@ E-mail ac	ppfirm.com dress: (to be used for future annual report notification)	_
For further in	formation concerning this matter, please call:	
	m T. Conroy at (727) 800-5980 Daytime Telephone Number
Nam	e of Contact Person Area Code	Daytime Telephone Number
Regi Divi Clift 2661	SEET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32304	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.	The name of the company is: FLY MOUTHWASH LLC
2.	The document number of the company is L16000144613
3.	The effective date the Dissolution was filed is05/01/2017
4.	The revocation of dissolution was authorized on05/01/2017
5.	
	W Ca
	Signature of person authorized to submit the revocation of dissolution
	Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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16000 44613

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Fly Mouth wash
2.	The Articles of Organization were filed on 14/27/2016 and assigned
	document number
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 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).
	Starting Colp. Undison nom.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
•	
6 li	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	John De Jogel
	Signature Printed Name FILING FEE: \$25.00