

L16 000 170 678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

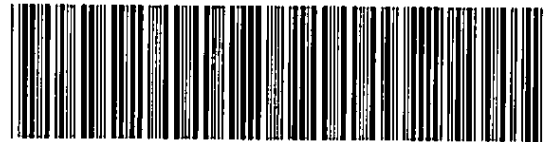
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBW SERVICES, 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:

ROBERT S WILLIAMS  
\_\_\_\_\_  
Contact Person

MBW SERVICES, LLC  
\_\_\_\_\_  
Firm/Company

7529 CANAL DRIVE  
\_\_\_\_\_  
Address

LAKE WORTH, FLORIDA 33467  
\_\_\_\_\_  
City, State and Zip Code

RWILLIAMS1458@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT S WILLIAMS at ( 561 ) 398-3503  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

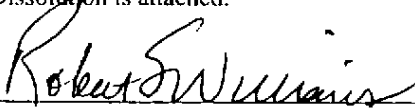
**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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.

1. The name of the company is: MBW SERVICES, LLC
2. The document number of the company is L16000170678
3. The effective date the Dissolution was filed is SEPTEMBER 13, 2016 2/07/21
4. The revocation of dissolution was authorized on FEBRUARY 7, 2021
5. A copy of the Articles of Dissolution is attached.



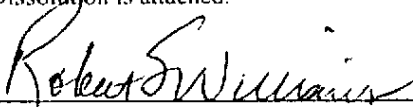
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

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Signature of person authorized to submit the revocation of dissolution

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

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