

L16000174206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

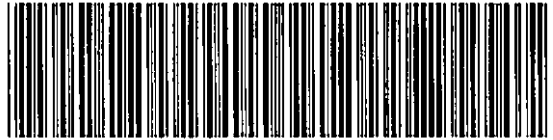
(Business Entity Name)

(Document Number)

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FILED
18 SEP 25 PM 8:10
STATE
TALLAHASSEE, FLORIDA

K SAIY
SEP 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flowers from the Shire
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:

Lissette Mendez
Contact Person

Flowers from the Shire
Firm/Company

9841 SW 128 Street
Address

Miami, FL 33176
City, State and Zip Code

sway@iCloud.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lissette Mendez at (786) 351-3976
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

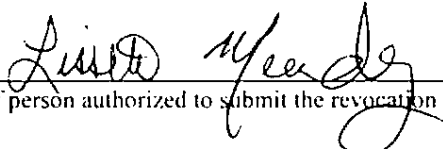
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
18 SEP 25 PM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Flowers from the Shire
2. The document number of the company is L16000174206
3. The effective date the Dissolution was filed is 6-25-18
4. The revocation of dissolution was authorized on 6-25-18
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)