

L16000219693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 AUG 14 AM 11:36

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

SHIELDS ARMORY, LLC

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

John Paul Shields, Sr.

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

SHIELDS ARMORY, LLC

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

5144 EAST RAVENA AVENUE

\_\_\_\_\_  
Address

Saint Cloud, FL 34771

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

jpshieldsr@icloud.com

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

For further information concerning this matter, please call:

John Paul Shields, Sr.

407

989-8279

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

FILED  
SECRETARY OF STATE  
2023 AUG 14 AM 11:36

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.

SHIELDS ARMORY, LLC

1. The name of the company is: \_\_\_\_\_

L16000219693

2. The document number of the company is \_\_\_\_\_

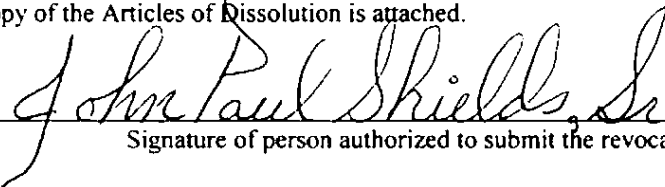
April 23, 2023

3. The effective date the Dissolution was filed is \_\_\_\_\_

August 1, 2023

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)

**FILED**  
**Apr 23, 2023**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SHIELDS ARMORY, LLC

The document number of the limited liability company: L16000219693

The file date of the articles of organization: December 5, 2016

The effective date of the dissolution if not effective on the date of filing: April 23, 2023

A description of occurrence that resulted in the limited liability company's dissolution:

CLOSING THE BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:

JOHN P SHIELDS SR  
1905 EDGEBROOK CIRCLE APT 105  
SANFORD, FL 32771

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: JOHN P SHIELDS SR

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Electronic Signature of authorized person