

L16000220831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

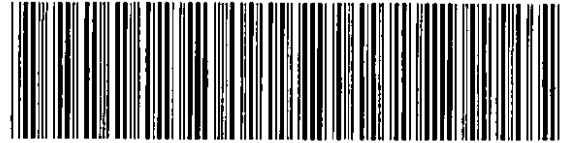
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700413247847

FILED

2023 SEP 26 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 SEP 26 PM 2: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Power of Attorney LLC

Please Debit FCA000000003 For: 100.00

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
☒ Art. of Amend. File **REVOCATION**
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power of Attorney 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:

John H Ruiz

Contact Person

Firm/Company

2701 S Le Jeune Road, 10th Floor

Address

Coral Gables, FL 33134

City, State and Zip Code

rdeleon@ruizinvestments.com

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

For further information concerning this matter, please call:

Rosalia De Leon

at (305) 992-0924

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: Power of Attorney LLC
2. The document number of the company is L16000220831
3. The effective date the Dissolution was filed is 8/18/2023
4. The revocation of dissolution was authorized on 9/26/2023
5. A copy of the Articles of Dissolution is attached.

DocuSigned by:

John H Ruiz

FF48781DE3AA2B1

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

FILED
2023 SEP 26 PM 4: 00
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 AUG 18 AM 11:43

1. The name of a limited liability company is
POWER OF ATTORNEY, LLC

CLERK OF COURT
STATE OF FLORIDA

2. The Articles of Organization were filed on 12/06/2016 and assigned
document number 1.16000220831

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).
Entity is inactive and no longer in use.

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. 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:

DocuSigned by:

John H. Ruiz

Signature

John H. Ruiz

Printed Name

FILING FEE: \$25.00