Τo

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000356229 3)))



H240003562293ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

APPLE EN 2:25

LLC REVOCATION OF DISSOLUTION 1709 CLOVERLAWN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$100.00

Electronic Filing Menu

Corporate Filing Menu

Help

75.11.17

From: Lesite Perry

(((H24000356229 3)))

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.	1709 Cloverlawn LLC The name of the company is:	
2.	L16000222544 The document number of the company is	
3.	October 23, 2024 The effective date the Dissolution was filed is	
4.	Octobert 24, 2024 The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached with a Statement of Fact regarding the frauctithe Articles of Dissolution. Signature of person authorized to submit the revocation of dissolution	dulent filing of
	Filing Fce: \$100.00 Certified Copy: \$30.00 (optional)	žars b
CR2E1	32 (10/15)	34 H H 5