

L16000227325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

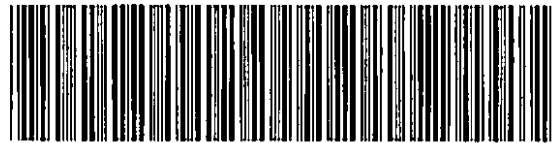
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PREFERRED SEAMER SOLUTIONS  
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:

TIMOTHY WARD  
Contact Person

PREFERRED SEAMER SOLUTIONS  
Firm/Company

<sup>TW</sup> 417 W PARK AVE <sup>TW</sup> ~~EDGEMONT~~  
Address

EDGEWATER FL 32132  
City, State and Zip Code

SEAMING LIDS @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY WARD at ( 386 ) 282-1686  
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

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2022 OCT 31 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FL

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: PREFERRED SEMMER SOLUTIONS, LLC
2. The document number of the company is L16000227325
3. The effective date the Dissolution was filed is 8/6/22
4. The revocation of dissolution was authorized on 8/6/22
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**  
**Aug 06, 2022**  
**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:

**PREFERRED SEAMER SOLUTIONS, LLC**

The document number of the limited liability company: L16000227325

The file date of the articles of organization: December 16, 2016

The effective date of the dissolution if not effective on the date of filing: August 6, 2022

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

CHANGE OF BUSINESS MODEL

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

**TIMOTHY WARD**  
**1982 SR 44 SUITE 122**  
**NEW SMYRNA BEACH, FL 32168**

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: **TIMOTHY WARD**



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Electronic Signature of authorized person