

h17 0000 41522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

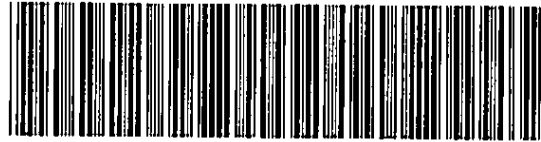
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377358395

12/01/21--0101E--002 **100.00

FILED

2022 JAN -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 07 2022



RECEIVED

2022 JAN -3 PM 2:38

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

December 20, 2021

J. DAVID DAVILA
1431 OCALI COVE
LAKE MARY, FL 32746

SUBJECT: SIMOES DAVILA, PLLC
Ref. Number: L17000041522

We have received your document for SIMOES DAVILA, PLLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of revocation of dissolution must indicate the date the revocation of dissolution was authorized.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00030601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIMOES DAVILA, PLLC

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:

J. DAVID DAVILA

Contact Person

SIMOES DAVILA, PLLC

Firm/Company

1431 OCALI COVE

Address

LAKE MARY, FLORIDA 32746

City, State and Zip Code

DAVID@SIMOESDAVILA.COM

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

For further information concerning this matter, please call:

J. DAVID DAVILA

Name of Contact Person

at (407) 951-4704

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

FILED

STATEMENT OF REVOCATION OF DISSOLUTION

FOR

FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 3 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL

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.

SIMOES DAVILA, PLLC

1. The name of the company is: _____

L17000041522

2. The document number of the company is _____

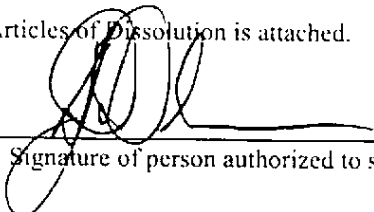
11/24/2021

3. The effective date the Dissolution was filed is _____

NEVER AUTHORIZED

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
Nov 24, 2021
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:

SIMOES DAVILA, PLLC

The document number of the limited liability company: L17000041522

The file date of the articles of organization: February 22, 2017

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

THE SOLE REMAINING NON-TERMINATED MEMBER(SECTIONS 11.4(A) AND (C) OF THE AMENDED OPERATING AGREEMENT) HAS GIVEN UNANIMOUS WRITTEN CONSENT TO DISSOLUTION UNDER SECTION 13.1(A). DISSOLUTION IS THUS REQUIRED UNDER 605.0701(1) FLORIDA STATUTE.

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: **KIMBERLY P. SIMOES**

Electronic Signature of authorized person