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COVÉR LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KOSKI ENTERPRISES, LLC	·
Name of Limited I.	iability Company
The enclosed Statement of Revocation of Dissolution for F submitted for filing.	lorida Limited Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
ROBERT E KOSKI JR	
Contact Person	
KOSKI ENTERPRISES, LLC	
Firm/Company	
320 S MACARTHUR AVE	
Address	
PANAMA CITY, FLORIDA 32401	
City, State and Zip Code	
SKIPPERKNC@YAHOO.COM	
E-mail address: (to be used for future annual report not	ilication)
For further information concerning this matter, please call:	
	850)_381-5795
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

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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.

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Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jan 11, 2020 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:

KOSKI ENTERPRISES, LLC

The document number of the limited liability company: L17000052137

The file date of the articles of organization: March 6, 2017

The effective date of the dissolution if not effective on the date of filing: January 12, 2020

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

NO BUSINESS OPERATIONS CONDUCTED

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

ROBERT KOSKI JR 320 S MACARTHUR AVE PANAMA CITY, FL 32401 UN

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: ROBERT KOSKI JR

Electronic Signature of authorized person