

L17 000091086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01/16/2024

NAME: REVOLENT SOLUTIONS GROUP LLC


TYPE OF FILING: DISSOLUTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REVOLENT SOLUTIONS GROUP, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Stachowski

(Name of Person)

Velawcity Legal Support

(Firm/Company)

1257 Worcester Road #1037

(Address)

Framingham, MA 01701

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Stachowski

(Name of Person)

508

310-1001

at ()

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

24 JAN 16 AM 12:30
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
REVOLUT SOLUTIONS GROUP, LLC

2. The Articles of Organization were filed on April 20 2017 and assigned
document number L17000091086

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).
Ceased conducting business

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:



Signature

Bryson Raver

Printed Name

FILING FEE: \$25.00