L17000107262

(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:				





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	LECACY OF TORU ACADEMY LE	.C	
0000		Limited Liability Co	mpany
	iclosed Statement of Revocation of Dissoluted for filing.	tion for Florida Lim	ited Liability Company and fee(s) are
Please	return all correspondence concerning this n	matter to:	
SOLF	INE DORLEUS		
	Contact Person		_
LEGA	CY OF JOSH ACADEMY LLC		
	Firm/Company		_
449 W	SILVER STAR RD STE 313		
	Address	 -	_
OCOE	E FL 34761		
	City, State and Zip Code	· · ·	_
	ACADEMY@OUTLOOK.COM		
E-1	mail address: (to be used for future annual r	eport notification)	-
For fur	ther information concerning this matter, ple	ase cali;	
SOLFI	NE DORLEUS	at (352	988-9713
	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 81

Tallahassee, FL 32303

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:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	O1/20/2021 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)

CR2E132 (10/15)

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