## L17000116782

(R	lequestor's Name)				
(A	ddress)				
(A	ddress)	<del></del>			
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(B	Business Entity Nam	e)			
(Document Number)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: LJ Cuts Two LLC			
	Name of Lin	nited	Liability Co.	mpany
The en	closed Statement of Revocation of Dissolution ted for filing.	o for I	Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	ler to	:	
Andre	w Gotfried			
	Contact Person		-	_
IJ Cut	s Two LLC			
	Firm/Company		-	_
3306 V	V Harbor View Ave			
	Address			<del>-</del>
Tampa	, FL 33611			
	City, State and Zip Code			_
_	ried@gmail.com			
E-1	mail address: (to be used for future annual repo	ort no	tification)	_
	ther information concerning this matter, please	e call:		
Andres	w Gotfried	_at(		373-1094
	Name of Contact Person		Area Code	Daytime Telephone Number
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
	1 ananassee, 1 L 32314			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.	LJ Cuts Two LLC The name of the company is:		
2.	The document number of the company is		_
3.	The effective date the Dissolution was filed is	(ap)	
4.	The revocation of dissolution was authorized on April 8, 2021		
5.	A copy of the Articles of Dissolution is attached.		
	Signature of person authorized to submit the revocation of dissolution		
		. [8]	
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)	-8 AH 10: 32	2000 2000 31 - 4

CR2E132 (10/15)