L17000173333

(Requestor's Name)	
(Address)	
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(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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D CUSHING

COVER LETTER

Division of Corporations			
SUBJECT: Allure Wares Company	LLC		
Name of Limited Liability Co.	mpany		
The enclosed Statement of Revocation of Dissolution for Florida Limi submitted for filing.	ted Liability Company and fee(s) are	:	
Please return all correspondence concerning this matter to:			
Andrew Edelman Contact Person			
Contact Person	_		
Allare Wares Company LLC Firm/Company			
Firm/Company	_		
20167 Palm Island Drive Address			
Address		20 FF 8	4.0E
Beca Raton, FL 33498 City, State and Zip Code	_		SLEKE WAY OF STATE WALLE OF CHECON TION
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edelman 1776 @gmal.com		쭚	::G ::G :G
E-mail address: (to be used for future annual report notification)	_	2: 39	TAT TAT
For further information concerning this matter, please call:		€D	- 10 Kg
Andrea Edelman at 561 Name of Contact Person Area Code	,627-4172		(3)
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		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section



120FET 10 7110:29

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2020

ANDREW EDELMAN ALLURE WARES COMPANY LLC 20167 PALM ISLAND DRIVE BOCA RATON, FL 33498

SUBJECT: ALLURE WARES COMPANY LLC

Ref. Number: L17000123333

We have received your document for ALLURE WARES COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 420A00000269

www.sunbiz.org

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: Allure Wares Company LLC
	The document number of the company is L17000 123333
	The effective date the Dissolution was filed is August 15th 2017
4.	The revocation of dissolution was authorized on Angris + 18th 2017
5.	A copy of the Articles of Dissolution is attached. Managing Member & CED
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

EB 19 PH 2:

CR2E132 (10/15)

FILED Aug 18, 2019 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:

ALLURE WARES COMPANY LLC

The document number of the limited liability company: L17000123333

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

The effective date of the dissolution if not effective on the date of filing: August 18, 2019

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

BUSINESS IS NO LONGER VIABLE ECONOMICALLY

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: ANDREW EDELMAN

Electronic Signature of authorized person