# 11000150259

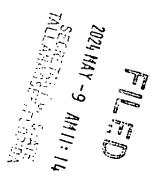
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1 1 Limils			
<del></del>			

Office Use Only



300429321423

05/09/24--01002--014 \*\*100.00



### COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: NORTH FL ENTERPRISES LLC					
Name of Limited Liability Company					
The enclosed Statement of Revocation of Dissolution submitted for filing.	on for Florida Limit	ed Liability Company and fee(s) are			
Please return all correspondence concerning this ma	atter to:				
Stephen Commorato					
Contact Person		-			
North FL Enterprises LLC					
Firm/Company		_			
730 Terra Pines Blvd		_			
Address		_			
Saint Augustine, FL 32092					
City, State and Zip Code		_			
steve@nflent.net		_			
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, plea	ise call:				
Steve Commorato	904 at (	540-0186			
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 81			
rananassee, FL 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.	NORTH FL ENTERPRISES LLC The name of the company is:	
2.	L17000150259  The document number of the company is	7074
3.	02/28/2024 The effective date the Dissolution was filed is	ZOU HAY +9
4.	02/29/2024 The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.	7.52
	Signature of person authorized to submit the revocation of diss	olution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

#### FILED Feb 28, 2024 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:

NORTH FL ENTERPRISES LLC

<del>-</del> ...,

The document number of the limited liability company: L17000150259

The file date of the articles of organization: July 13, 2017

The effective date of the dissolution if not effective on the date of filing: February 29, 2024

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

CLOSING BUSINESS DUE TO LOSING CLIENTS

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

STEPHEN COMMORATO 730 TERRA PINES BLVD SAINT AUGUSTINE, FL 32092 US

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: STEPHEN COMMORATO

Electronic Signature of authorized person