

L17000180928

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piggys flywingz
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ansel Y. Bell
Contact Person

Piggys flywingz
Firm/Company

4103 10th Street
Address

MOORE, HAVEN, FL 33471
City, State and Zip Code

bellfaith07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ansel Y. Bell at (863) 254-9465
Name of Contact Person Area Code Daytime Telephone Number

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

**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: Piggly's Fly Wingz
2. The document number of the company is L17000180928
3. The effective date the Dissolution was filed is: 3/5/21
4. The revocation of dissolution was authorized on 3/19/21
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)