

L17000202442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

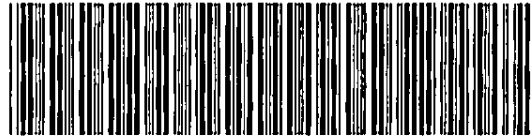
(Document Number)

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STATE  
RECORDS

Revocation

DEC 13 2019

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AL WISNIE LLC L17000202442  
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:

AARON S. WISNIEWSKI

Contact Person

AL WISNIE LLC

Firm/Company

485 SOCIETY HILL CIRCLE

Address

THE VILLAGES, FL 32162

City, State and Zip Code

AAWISNIE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON S. WISNIEWSKI

Name of Contact Person

at ( 734 )

Area Code

929-8798

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

12 DEC -6 4:35:57

SEP 11 2006 5:11 PM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/4/2019

HELLO,

I HAVE JUST BEEN INFORMED I HAVE IN ERROR SENT IN THE INCORRECT FORM. I HAVE ATTACHED THE INCORRECT FORM AS A REFERENCE WITH VERIFICATION OF PAYMENT.

I HAVE ATTACHED THE CORRECT FORMS FOR REVOCATION OF DISSOLUTION FOR AN LLC,

I WOULD APPRECIATE IF THIS COULD BE EXPEDITED, I NEED TO SELL THE HOUSE IN THE LLC, ASAP.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT: (734) 924-8798 OR AAWISNIE@GMAIL.COM

THANK YOU,  
AARON S. WISNIEWSKI

**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: AL WISNIE LLC
  2. The document number of the company is L17000202442
  3. The effective date the Dissolution was filed is SEPT, 10, 2014
  4. The revocation of dissolution was authorized on SEPT 11, 2014
  5. A copy of the Articles of Dissolution is attached.
- 10 OCT --6 AM 3:57  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

*Dawn J Wisniewski* 12/4/2014  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

## 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:

AL WISNIE LLC

The document number of the limited liability company: L17000202442

The file date of the articles of organization: September 29, 2017

The effective date of the dissolution if not effective on the date of filing: September 11, 2019

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

THE LLC WAS FORMED TO COVER THE RENTAL HOME WE HAD IN THE VILLAGES, FLORIDA. WE ARE SELLING THE RENTAL HOME. THEREFORE NO FUTURE NEED FOR THE LLC.

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

AARON WISNIEWSKI  
485 SOCIETY HILL CIRCLE  
THE VILLAGES, FL 32162

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: AARON S. WISNIEWSKI

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Electronic Signature of authorized person