

L17000215443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

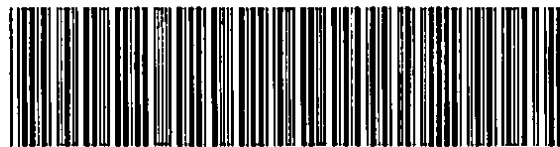
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 1 2020

R. WHITE

JUN 17 2020

2020 JUN 17 14:10:05

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & L CASSIDY LLC

\_\_\_\_\_  
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:

DANIEL CASSIDY

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

46 APPALOOSA TRAIL

\_\_\_\_\_  
Address

CARLISLE, ONTARIO, CANADA, L0R 1H3

\_\_\_\_\_  
City, State and Zip Code

DCASSIDY3@COGECO.CA

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

For further information concerning this matter, please call:

LEANNE CASSIDY

at ( 905 ) 339-7004

\_\_\_\_\_  
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

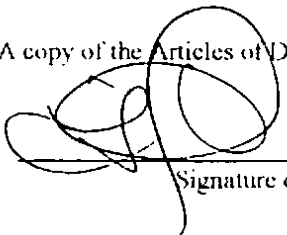
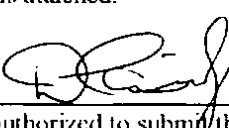
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2020 - 1 10:05

**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: D & L CASSIDY LLC
2. The document number of the company is 117000215443
3. The effective date the Dissolution was filed is 02/20/2020
4. The revocation of dissolution was authorized on \_\_\_\_\_
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)~~

) Enclosed

FILED  
Feb 20, 2020  
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:

D & L CASSIDY LLC

The document number of the limited liability company: L17000215443

The file date of the articles of organization: October 18, 2017

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

FINANCIAL

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: DANIEL CASSIDY

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Electronic Signature of authorized person