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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

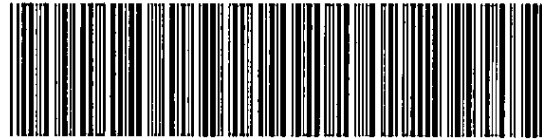
(Document Number)

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RECEIVED

JUL 16 2020

LLC  
Rev. Diss.

SEP 15 2020

D CANNELL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Natural Vybz 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:

Sherona Bennett

Contact Person

Natural Vybz LLC

Firm/Company

PO BOX 585568

Address

Orlando, Florida 32858

City, State and Zip Code

bennett1180@gmail.com

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

For further information concerning this matter, please call:

Sherona Bennett

Name of Contact Person

at 321

Area Code

689-6543

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

FILED  
Jun 17, 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:

NATURAL VYBZ, LLC

The document number of the limited liability company: L18000001230

The file date of the articles of organization: January 2, 2018

The effective date of the dissolution if not effective on the date of filing: June 17, 2020

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

THIS CORPORATION WAS CREATED WITHOUT MY CONSENT AND IN BAD FAITH. I WAS NOT AWARE OF THE DOCUMENTS THAT I WAS SIGNING AT THE TIME THE DECEPTION TOOK PLACE. THERE IS NO MEETING OF THE MINDS AND THEREFORE CANNOT COME TO A AGREEMENT.

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: LEONARD THOMPSON

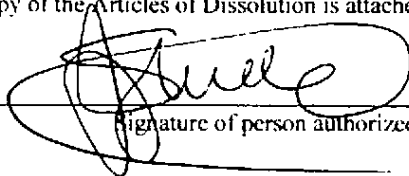
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Electronic Signature of authorized person

**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: Natural Vybz LLC
2. The document number of the company is L18000001230
3. The effective date the Dissolution was filed is June 17, 2020
4. The revocation of dissolution was authorized on June 17, 2020
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)**