# L18000023167

Req	uestor's Name)			
(Add	ress)	<u> </u>		
(Add	ress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
when f	lower	. —		

Office Use Only



400329399734

U5/28/19--01010--033 \*\*35.80

SCORL TARY OF STATE
OF YISICH OF CORPORATIONS
10 174 28 PM 2: 15

Rossous

JUL 03 2019

### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 250EET Friends UC  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:		
LISSETTE OCASIO PENEZ Contact Person		
2 SWEET + Riends LIC Firm/Company		
437 Alpine Thisth Dr Address		
PROOKS V; W F1 34604  City, State and Zip Code	<u> </u>	
E-mail address: (to be used for future annual report notification)	(P4.28)	MARY CO
For further information concerning this matter, please call:	1	35
Name of Contact Person at (352) 263-4550  Area Code Daytime Telephone Number	2: 1	37.41 37.41 37.41
Name of Contact Person Area Code Daytime Telephone Number	고	OKS M

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



June 18, 2019

LISSETTE OCASIO 437 ALPINE THISTLE DR BROOKSVILLE, FL 34604

SUBJECT: 2 SWEET FRIENDS, LLC

Ref. Number: L18000023167

We have received your document for 2 SWEET FRIENDS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 819A00012214

www.sunbiz.org

## 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: 2 SWEET TRENDS LIC		
2.	The document number of the company is		
3.	The effective date the Dissolution was filed is 507 2019		
4.	The revocation of dissolution was authorized on 5 15 2019		
5.	A copy of the Articles of Dissolution is attached.	10 EW?	ASION PA
	Signature of person authorized to submit the revocation of dissolution	8 PK 2:	CORPOR CORPOR
	· Filing Fee: \$100.00	2	ENDITE SATIONS
	Certified Copy: \$30.00 (optional)		

CR2E132 (10/15)

#### FILED May 07, 2019 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:

2 SWEET FRIENDS, LLC

The document number of the limited liability company: L18000023167

The file date of the articles of organization: January 25, 2018

The effective date of the dissolution if not effective on the date of filing: May 7, 2019

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

VOLUNTARY DISSOLUTION BY A CORPORATION 2€™S SHAREHOLDERS

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: LISSETTE OCASIO PEREZ

Electronic Signature of authorized person