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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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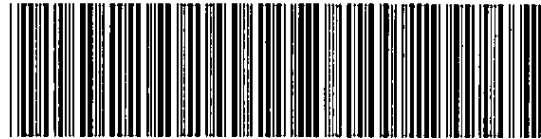
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Albatross Business Solutions 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:

Debra G. Oforhan

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

Albatross Business Solutions LLC

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

7625 Humboldt Ave

\_\_\_\_\_  
Address

New Port Richey, FL 34655

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

debbie@albatrossbusinesssolutions.com

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

For further information concerning this matter, please call:

Debra Oforhan

at ( 813 ) 517-5488

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

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

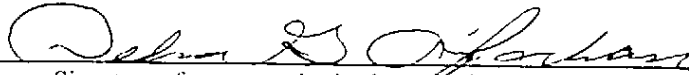
**MAILING ADDRESS:**

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

**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: Albatross Business Solutions LLC
2. The document number of the company is L18000031664
3. The effective date the Dissolution was filed is 06/18/2019
4. The revocation of dissolution was authorized on 06/18/2019
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)**

2019  
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**FILED**  
**Jun 18, 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:

ALBATROSS BUSINESS SOLUTIONS, LLC

The document number of the limited liability company: L18000031664

The file date of the articles of organization: February 5, 2018

The effective date of the dissolution if not effective on the date of filing: June 18, 2019

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

CLOSING DUE TO LACK OF BUSINESS

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

DEBRA OFORHAN  
7625 HUMBOLDT AVE  
NEW PORT RICHEY, FL 34655

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.