

L18 0000 780 75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

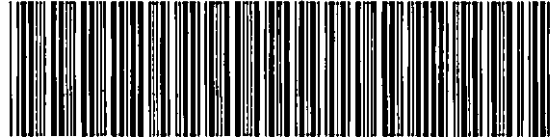
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000318699850

09/27/18--01023--008 \*\*100.00

STATE OF ARIZONA

SEP 27 12:45

FILED

10/3/18 25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D Williams Mortuary Services, 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:

Daphina Williams  
Contact Person

D Williams Mortuary  
Firm/Company

10120 SW 13th Street  
Address

Gainesville Florida 32608  
City, State and Zip Code

AIndap69050@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daphina Williams 352 443-4246  
Name of Contact Person Area Code Daytime Telephone Number

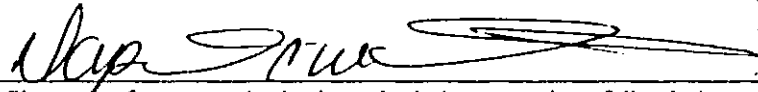
**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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: D Williams Mortuary Services, LLC
2. The document number of the company is L18000078075
3. The effective date the Dissolution was filed is 3/27/2018
4. The revocation of dissolution was authorized on 3/26/2018
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

SEP 27 12:11:5

FILED

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

FILED  
Sep 04, 2018  
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 WILLIAMS MORTUARY SERVICES, LLC

The document number of the limited liability company: L18000078075

The file date of the articles of organization: March 27, 2018

The effective date of the dissolution if not effective on the date of filing: September 4, 2018

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

A NAME CHANGE OF OWNERSHIP AND RESOLVING THE PARTNERSHIP

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

DAPHINA WILLIAMS  
PO BOX 141052  
GAINESVILLE, FL 32614

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: DAPHINA WILLIAMS

Electronic Signature of authorized person

SEP 04 2018 12:45 PM  
STATE OF FLORIDA  
SECRETARY OF STATE