

L18000110835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

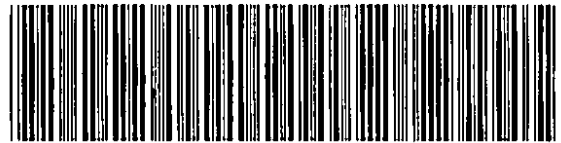
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/19--01038--005 **100.00

FILED
2019 FEB 19 PM 12:50
STATE OF TEXAS
CLERK OF COURT

Rev. of Dis.

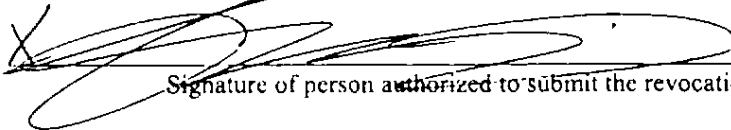
FEB 23 2019

ALBRITTON

**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.

- CREATING DESIGN SOLUTIONS LLC
1. The name of the company is: _____
 2. The document number of the company is L18000110835
 3. The effective date the Dissolution was filed is 02/15/2019
 4. The revocation of dissolution was authorized on 02/15/2019
 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)

FILED
Feb 15, 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:

CREATING DESIGN SOLUTIONS LLC

The document number of the limited liability company: L18000110835

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

The effective date of the dissolution if not effective on the date of filing: February 15, 2019

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

I WOULD LIKE TO APPLY FOR A FOREIGN ENTITY TO OPERATE IN THE STATE OF COLORADO
AS WELL AS FLORIDA.

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

ALBERT M CAROCCIO
9790 NW 20 PLACE
SUNRISE, FL 33322 UN

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: ALBERT M CAROCCIO

Electronic Signature of authorized person