

L18000154015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

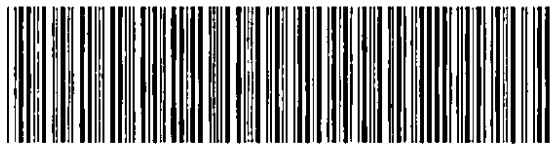
(Document Number)

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Certificates of Status _____

at Instructions to Filing Officer.

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- ☐ **CERTIFIED COPY** _____
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- xx** **FILING** LLC REVOCATION _____

1. **SOUTHERN STATES ENGINEERING, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

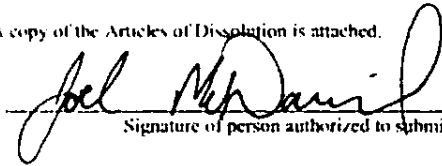
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2023 FEB 28 AM 10:07

CLERK OF STATE
TALLAHASSEE, FL

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: SOUTHERN STATES ENGINEERING, LLC
2. The document number of the company is: L18000154015
3. The effective date the Dissolution was filed is: 02/09/2023
4. The revocation of dissolution was authorized on: 02/10/2023
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 09, 2023
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:

SOUTHERN STATES ENGINEERING, LLC

The document number of the limited liability company: L18000154015

The file date of the articles of organization: June 22, 2018

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

NOT CONDUCTING BUSINESS

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: **JOEL MCDANIEL**

Electronic Signature of authorized person