

218000161684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

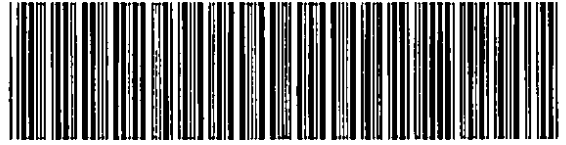
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MAR 23 2022

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2022 MAR 14 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Armada Experience, 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:

Ryan Stone

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

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

PO Box 92

\_\_\_\_\_  
Address

Key West, FL 33041

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

ryanbradleystone@gmail.com

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

For further information concerning this matter, please call:

Ryan Stone

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

at ( 305 ) 780-2161

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

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

STATEMENT OF REVOCATION OF DISSOLUTION

FOR

FLORIDA LIMITED LIABILITY COMPANY

2022 MAR 14 AM 11:06

SECRETARY 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: Armada Experience, LLC
2. The document number of the company is L18000161684
3. The effective date the Dissolution was filed is February 27, 2022
4. The revocation of dissolution was authorized on March 7, 2022
5. A copy of the Articles of Dissolution is attached.

Ryan Stone [Signature]

Signature of person authorized to submit the revocation of dissolution

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

FILED  
Feb 27, 2022  
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:

ARMADA EXPERIENCE, LLC

The document number of the limited liability company: L18000161684

The file date of the articles of organization: July 3, 2018

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

THE BUSINESS HAS BEEN CONSOLIDATED UNDER A NEW ENTITY

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

RYAN STONE  
PO BOX 92  
KEY WEST, FL 33041

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: RYAN STONE

\_\_\_\_\_  
Electronic Signature of authorized person