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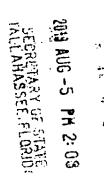
(Requestor's Name)	_	
(Address)	_	
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	_	
Certified Copies Certificates of Status	_	
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COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	P. C.
SUBJECT: A J Ferris Name of Limited Liability Co	mpany
The enclosed Statement of Revocation of Dissolution for Florida Limi submitted for filing.	ted Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Authory J. Ferris Contact Person	_
AJ Feths	
Firm/Company	_
516 Belina Drive #7	_
Naples, Flotion 34104 City, State and Zip Code	_
Ferns AJ @ AUL. Com- E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call: At How T. Ferri at 315 Name of Contact Person Area Code	794 - 7437 Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

Clifton Building
2661 Executive Center Circle Tallahassee, Florida 32301

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 100001021110			
2. The document number of the company is L 18000 (838 40			
3. The effective date the Dissolution was filed is			
4. The revocation of dissolution was authorized on July 39, 2019			
5. A copy of the Articles of Dissolution is attached. White I have I ha			
Signature of person authorized to submit the revocation of dissolution			

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

FILED Jun 20, 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:

AJFERRIS LLC

The document number of the limited liability company: L18000183840

The file date of the articles of organization: August 1, 2018

The effective date of the dissolution if not effective on the date of filing: June 20, 2019

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

NOT OPERATING BUSINESS

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

ANTHONY J FERRIS
11 HARTFORD TERRACE
NEW HARTFORD, NY 13413

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: ANTHONY J FERRIS

Electronic Signature of authorized person