

L18000 196296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

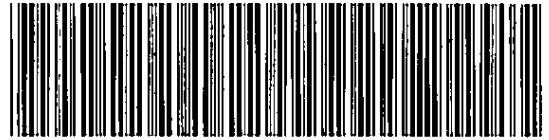
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Trauma Sensitive Solutions, LLC

SUBJECT: _____
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:

Kelly Davey

Contact Person

Trauma Sensitive Solutions

Firm/Company

17837 Lake Carlton Drive

Address

Lutz, FL 33556 (33558)RD

City, State and Zip Code

traumasensitivesolutions@gmail.com

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

For further information concerning this matter, please call:

Kelly Davey

727

389-6436

at ()

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:

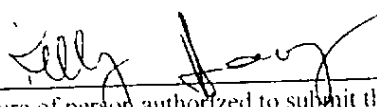
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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.

Trauma Sensitive Solutions

1. The name of the company is: _____
1.18000196296
2. The document number of the company is _____
08/14/2019
3. The effective date the Dissolution was filed is _____
08/14/2019
4. The revocation of dissolution was authorized on _____
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)

2019 OCT 29 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILED
Aug 14, 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:

TRAUMA SENSITIVE SOLUTIONS LLC

The document number of the limited liability company: L18000196296

The file date of the articles of organization: August 16, 2018

The effective date of the dissolution if not effective on the date of filing: August 14, 2019

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

NO BUSINESS

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

KELLY DAVEY
17837 LAKE CARLTON DRIVE
LUTZ, FL 33558

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: KELLY DAVEY

Electronic Signature of authorized person