

L18000205665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

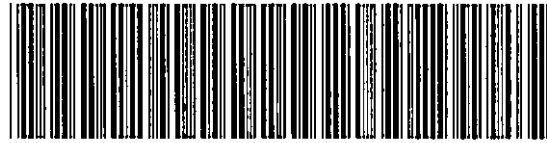
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Scarbriel Solutions 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:

Anna Wheatley Scarbriel

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

Scarbriel Solutions LLC

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

10506 Via Lugano Ct.

\_\_\_\_\_  
Address

Clermont, FL 34711

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

scarbrielsolutions@gmail.com

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

For further information concerning this matter, please call:

Anna Wheatley Scarbriel

at ( 340 ) 642-3161

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

\_\_\_\_\_  
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

**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. The name of the company is: Scarbriel Solutions LLC
2. The document number of the company is L18000205665
3. The effective date the Dissolution was filed is 09/02/2020
4. The revocation of dissolution was authorized on 09/02/2020
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**  
**Sep 02, 2020**  
**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:

SCARBRIEL SOLUTIONS LLC

The document number of the limited liability company: L18000205665

The file date of the articles of organization: August 28, 2018

The effective date of the dissolution if not effective on the date of filing: September 2, 2020

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

WE HAVE NOT HAD ANY ACTIVITY TO DATE AND ARE RE-EVALUATING OUR BUSINESS GOALS.

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: ANNA SCARBRIEL

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Electronic Signature of authorized person