

L1800021427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

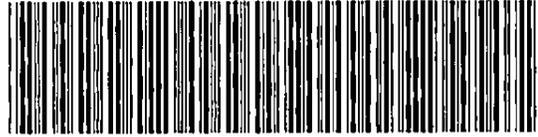
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
JAN 10 2025

Office Use Only



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RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$100.00

Authorization Signature *Jan Full*

eComply LLC. L18000261427

Business

#Document

Walk in

 Will wait

 Certified Copies of the articles of Organization.

 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- LLC
- Domestication
- INC
- CORP
- OTHER

AMENDMENTS

- Amendment
- Resignation of R.A.
- Change of Registered Agent
- X Revocation of Dissolution
- Conversion
- Statement of Authority
- Merger
- Amended and Restated Articles

OTHER FILINGS

- Annual Report
- Fictitious Name
- Statement of Authority
- APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

- Foreign Filing
- Partnership
- Reinstatement
- Statement of CORRECTION
- Domestication of a Foreign Corp.
- Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$100.00

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- Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: e2Comply 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:

Legal Department

Contact Person

e2Companies LLC

Firm/Company

8901 Quality Road

Address

Bonita Springs Florida 34135

City, State and Zip Code

legal@e2companies.com

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

For further information concerning this matter, please call:

Kara Wichlinski

at (239) 216-7900

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

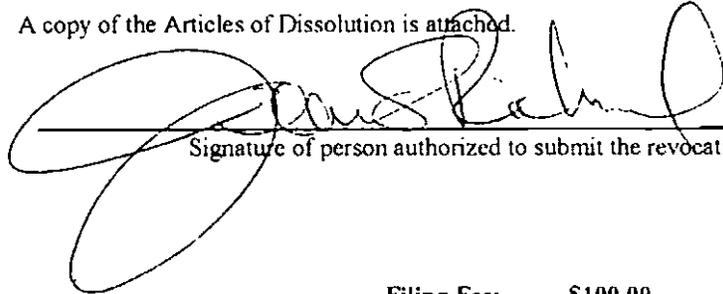
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2025 JAN -9 PM 12:44

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: e2Comply LLC
- 2. The document number of the company is L18000261427
- 3. The effective date the Dissolution was filed is December 19, 2024
- 4. The revocation of dissolution was authorized on January 8, 2025
- 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
Dec 19, 2024
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:

E2COMPLY LLC

The document number of the limited liability company: L18000261427

The file date of the articles of organization: November 7, 2018

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

MERGER

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

JEANNE RICHMOND
8901 QUALITY ROAD
BONITA SPRINGS, FL 34135

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: KARA M. WICHLINSKI

Electronic Signature of authorized person