

L19000016436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

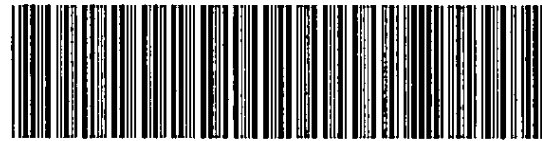
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN 26 PM 2:44
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purple Rain IV Wellness Bar, 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:

Gwen Reece
Contact Person

Purple Rain IV Wellness Bar, LLC
Firm/Company

3347 S. West Shore Blvd, Suite 4
Address

Tampa, FL 33629
City, State and Zip Code

AngelHatLLC@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

H. G. Eid at (813) 486-8888
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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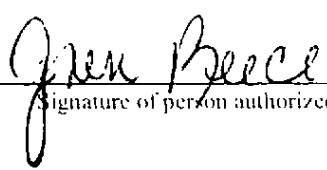
2023 JUN 26 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FL

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 Purple Rain IV Wellness Bar, LLC
2. The document number of the company is L19000016436
3. The effective date the Dissolution was filed is 10/14/22
4. The revocation of dissolution was authorized on 01/20/23
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
Oct 10, 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:

PURPLE RAIN IV WELLNESS BAR LLC

The document number of the limited liability company: L19000016436

The file date of the articles of organization: January 15, 2019

The effective date of the dissolution if not effective on the date of filing: October 14, 2022

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

VOLUNTARILY ENDING BUSINESS

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

LINDA HANDLON
4515 STATESMEN WAY
INDIANAPOLIS, IN 46250

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: LINDA HANDLON

Electronic Signature of authorized person