L19000057246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

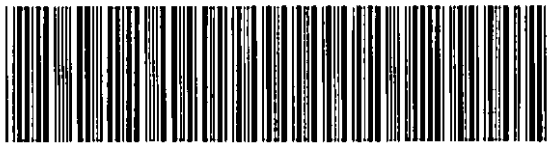
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300365899993

04/19/21--01033--010 **100.00

FILED
2021 APR 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

MAY 2 , 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Optimal Careers, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jason Schreiber
Contact Person

Optimal Careers, LLC
Firm/Company

1 South Lola Drive Unit 14
Address

Orlando, FL 32801
City, State and Zip Code

jschreiber188@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Schreiber | 32[illegible] | [illegible]-5490
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 Optimal Careers LLC

2. The document number of the company is L19000057246

3. The effective date of dissolution was 03/25/2021

4. The revocation of dissolution was authorized on 4/15/2021

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
2021 APR 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Mar 25, 2021
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:

OPTIMAL CAREERS, LLC

The document number of the limited liability company: L19000057246

The file date of the articles of organization: February 27, 2019

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

COMPANY FAILED. AND IN PART DUE TO COVID-19.

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

JASON SCHREIBER
1 SOUTH EOLA DRIVE, UNIT 14
ORLANDO, FL 32801 US

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: JASON SCHREIBER

Electronic Signature of authorized person