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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/18/20

NAME: KW LAKEWOOD MM LLC

TYPE OF FILING: REVOCATION OF DISSOLUTION

COST: 100.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

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

i	The name of the company is		
2	1.19000065251 The document number of the company is		
3	April 8, 2020 The effective date the Dissolution was filed is		_
4	May 13, 2020 The revocation of dissolution was authorized on		_
5	A copy of the Articles of Dissolution as attached Signature of person authorized to submit the revocation of dissolution		-
CR2E1	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional) 32 (10/15)	TALL BILD SEPT OF BRIDE	2020 MAY 14 AN 8: 15

FILED Apr 08, 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:

KW LAKEWOOD MM LLC

The document number of the limited liability company: L19000065251

The file date of the articles of organization: March 14, 2019

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

NO LONGER IN BUSINESS

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

RICHARD KERPER 2420 ENTERPRISE RD, STE 201, SUITE 112 CLEARWATER, FL 33763 UN

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: RICHARD KERPER

Electronic Signature of authorized person