

L190000 73537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S TALLENT  
MAY 02 2019

Statement  
or  
Revocation  
or  
Dissolution

FILED  
2019 APR 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Big City Consulting Services 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:

Alyssa Gorman

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

Big City Consulting Services LLC

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

723 Truman Ave

\_\_\_\_\_  
Address

Tallahassee, FL 32314

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

homefront.ajg@att.net

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

For further information concerning this matter, please call:

Alyssa Gorman

at ( 561 ) 402-2219

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

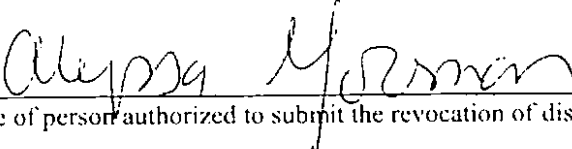
**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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: Big City Consulting Services LLC
2. The document number of the company is L19000073537
3. The effective date the Dissolution was filed is March 29th, 2019
4. The revocation of dissolution was authorized on March 29th, 2019
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)**

CR2E132 (10/15)

**FILED**  
**2019 APR 18 PM 2:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

**FILED**  
**Mar 29, 2019**  
**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:

**BIG CITY CONSULTING SERVICES LLC**

The document number of the limited liability company: L19000073537

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

The effective date of the dissolution if not effective on the date of filing: March 29, 2019

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

THE PERSON WHOM I STARTED THE BUSINESS WITH AND MYSELF DECIDED TO PART WAYS AND WE ARE NO LONGER IN BUSINESS TOGETHER. THUS, THERE IS NO NEED TO HAVE AN LLC IN BOTH OF OUR NAMES.

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

**ALYSSA GORMAN**  
**122014 PO BOX 7327**  
**TALLAHASSEE, FL 32314**

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: **ALYSSA GORMAN**

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Electronic Signature of authorized person