19 0000 40519

| (Requestor's Name) | |
|---|---|
| | |
| (Address) | |
| | |
| (Address) | |
| (/ (dd/055) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Business Endy Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| | |
| | 1 |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



100360281231

02/19/21--01021--011 **100.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|--------------------|--|
| CHDI | ECT: N421BM, LLC | | |
| SUDJ. | Name of Lin | ited Liability Cor | npany |
| | iclosed Statement of Revocation of Dissolution ited for filing. | for Florida Limit | ted Liability Company and fee(s) are |
| Please | return all correspondence concerning this matt | er to: | |
| GEOF | RGE STICKEL | | |
| | Contact Person | | _ |
| | Firm/Company | | _ |
| 2205 | TALLEVAST RD, # 539 | | _ |
| | Address | | |
| TALL | EVAST, FL 34270 | | |
| | City, State and Zip Code | | _ |
| | RAFT@OFFICEEXECUTIVE.NET | | _ |
| E- | mail address: (to be used for future annual repo | ort notification) | |
| For fu | rther information concerning this matter, pleaso | e calt: | |
| GEOF | RGE STICKEL | 941 at (| 920-4297 Daytime Telephone Number |
| | Name of Contact Person | Area Code | Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | 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 | N421BM, LLC The name of the company is: |
|----|--|
| ١. | The name of the company is. |
| 2. | L19000080519 The document number of the company is |
| 3. | 02/15/2021 The effective date the Dissolution was filed is |
| 4. | 02/15/2021 The revocation of dissolution was authorized on |
| 5. | A copy of the Articles of Dissolution is attached. |
| | Derze Stickel |
| | Signature of person authorized to submit the revocation of dissolution |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Feb 15, 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: N421BM, LLC

The document number of the limited liability company: L19000080519

The file date of the articles of organization: March 22, 2019

The effective date of the dissolution if not effective on the date of filing: February 15, 2021

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

ALL BUSINESS PURPOSES HAVE BEEN COMPLETED

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

CELIA M PERKINS 2205 TALLEVAST RD, # 539 TALLEVAST, FL 34270

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: CELIA M PERKINS

Electronic Signature of authorized person