# L19000135301

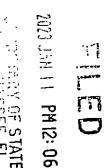
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900400015559

01/11/29--01012--011 \*\*100.00



### COVER LETTER #

Division of Corporations		
SUBJECT: Glades Appraisal LLC		
Name of I	Limited Liability Co	mpany
The enclosed Statement of Revocation of Dissolut submitted for filing.	tion for Florida Limi	ted Liability Company and fee(s) are
Please return all correspondence concerning this n	natter to:	
James Nathan Pippin		
Contact Person		_
Glades Appraisal LLC		
Firm/Company		-
1391 NW St Lucie West Blvd #341		
Address	• <del>•</del> • • • •	_
Port St Lucie, FL 34986		
City, State and Zip Code	-	_
jnpippin@outlook.com		_
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, ple	ease call:	
James Nathan Pippin	at (_561	,400-7742
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 81

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.

<b>l</b> .	The name of the company is: Glades Appraisal LLC
2.	The document number of the company is <u>L19000135301</u>
3.	The effective date the Dissolution was filed is 09/12/2022
4.	The revocation of dissolution was authorized on 01/09/2023
5.	A copy of the Articles of Dissolution is attached.    Acopy of the Articles of Dissolution is attached.   Acopy of the Articles of Dissolution is attached.   Signature of person authorized to submit the revocation of dissolution
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

2023 JUNI 11 PH 12: 06

#### FILED Sep 12, 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:

GLADES APPRAISAL LLC

The document number of the limited liability company: L19000135301

The file date of the articles of organization: May 20, 2019

The effective date of the dissolution if not effective on the date of filing: September 12, 2022

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

MEETING OF THE MEMBERSHIP AGREED TO DISSOLUTION.

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

JAMES NATHAN PIPPIN 1391 NW ST LUCIE WEST BLVD PMB 341 PORT ST LUCIE, FL 34986

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: JAMES NATHAN PIPPIN

Electronic Signature of authorized person