

U9000138/86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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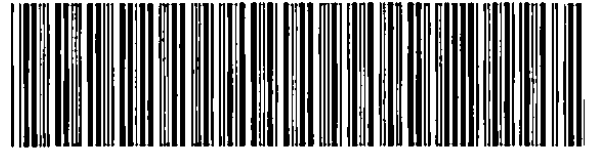
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. LEVINE

COVER LETTER

TO: Registration Section  
Division of Corporations  
Goob Enterprises

SUBJECT: \_\_\_\_\_  
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:

Ryan Gober

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

Goob Enterprises

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

4519 S Grady Ave.

\_\_\_\_\_  
Address

Tampa, FL 33611

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

rmgober@gmail.com

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

For further information concerning this matter, please call:

Ryan Gober

813

550-4060

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**

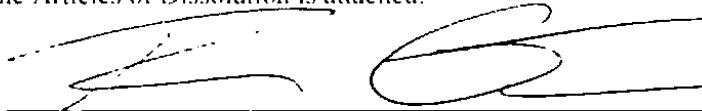
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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.

Goob Enterprises

1. The name of the company is: \_\_\_\_\_  
L19000138186
2. The document number of the company is \_\_\_\_\_  
June 3, 2019
3. The effective date the Dissolution was filed is \_\_\_\_\_  
June 11, 2019
4. The revocation of dissolution was authorized on \_\_\_\_\_
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)**

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the follow Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

GOOB ENTERPRISES LLC

The document number of the limited liability company: L19000138186

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

The effective date of the dissolution if not effective on the date of filing: June 3, 2019

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

DID NOT NEED LLC

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

RYAN GOBER  
4519 S GRADY AVE  
TAMPA, FL 33611

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any f. information submitted in a document to the Department of State constitutes a third degree felony as prov for in section 817.155, Florida Statutes.

Signature: RYAN GOBER

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Electronic Signature of authorized person