

L19000146683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Press Juicery

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:

Lydia Hobbs

Contact Person

Full Press Juicery

Firm/Company

2036 Switch Grass Cir

Address

Ocoee, FL 34761

City, State and Zip Code

fullpressjuicery@gmail.com

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

For further information concerning this matter, please call:

Lydia Hobbs at (407) 701-1701

Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

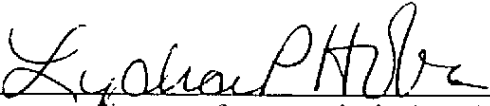
effective date 9-8-21

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2021 SEP -7 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Full Press Juicery, LLC
2. The document number of the company is L19000146683
3. The effective date the Dissolution was filed is July 30, 2021
4. The revocation of dissolution was authorized on August 27, 2021
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)