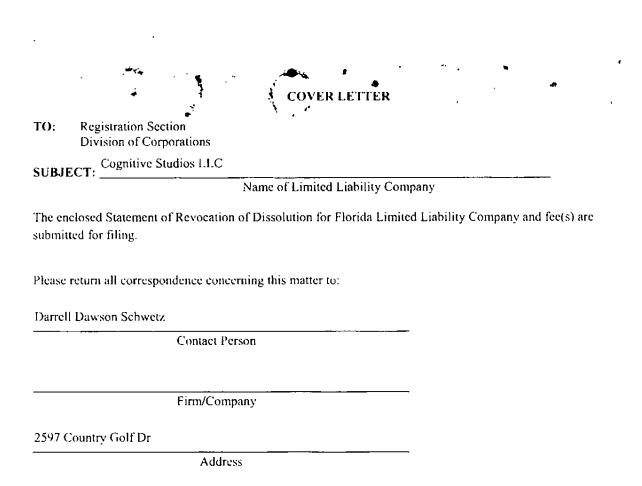


(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	···
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Busine	ess Entity Nam	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
(MI)	115	
	Office Use Onl	v



11/08/23--01035--004 **100.00





City, State and Zip Code

dawsonschwetz16@gmail.com

Wellington, Florida 33414

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

For further information concerning this matter, please call:

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

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.	Cognitive Studios LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
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)

CR2E132 (10/15)

FILED Jul 26, 2023 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:

COGNITIVE STUDIOS LLC

The document number of the limited liability company: L19000150656

The file date of the articles of organization: June 6, 2019

The effective date of the dissolution if not effective on the date of filing: July 26, 2023

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

COULDN'T BRING MY DREAM TO LIFE (YET)

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

DARRELL DAWSON SCHWETZ 2597 COUNTRY GOLF DR WELLINGTON, FL 33414 UN

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: DARRELL DAWSON SCHWETZ

Electronic Signature of authorized person