

L19000 151977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

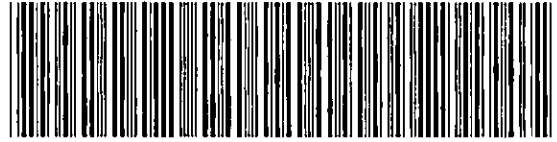
(Document Number)

Certified Copies _____ Certificates of Status _____

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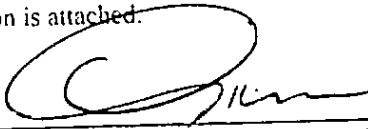
2024 MAY 23 AM 11:56

FILED

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. The name of the company is: OVERKOM LLC.
2. The document number of the company is 119000151977
3. The effective date the Dissolution was filed is 04/01/2021
4. The revocation of dissolution was authorized on 05/10/2024
5. A copy of the Articles of Dissolution is attached.

Israel Rivera 

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

STATE OF FLORIDA
TALLAHASSEE, FL

2024 MAY 23 AM 11:56

FILED

FILED
Mar 31, 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:

OVERKOM LLC

The document number of the limited liability company: L19000151977

The file date of the articles of organization: June 7, 2019

The effective date of the dissolution if not effective on the date of filing: April 1, 2021

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

I CAN NEVER MOVE THE BUSINESS AS PLANNED DO THE COVID-19 SITUATION. MAE DIFFICULTY TO MAINTAIN CONTINUITY OF THE BUSINESS.

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

LEGALINC CORPORATE SERVICES INC
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 3390

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: ISRAEL RIVERA

Electronic Signature of authorized person