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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability (Company
The enclosed Statement of Revocation of Dissolution for Florida Li submitted for filing.	mited Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Contact Person	
Custon Domasions V	<u></u>
M WHISpering Oaks	<u></u>
Savasona Fl 34332 City, State and Zip Code	
City, State and Zip Code	
dornomica agranción	
E-mail address: (to be used for future annual report notification)
·	,
For further information concerning this matter, please call:	
Name of Contact Person Area Contact Person) 320. 1300
Name of Contact Person Area Con	de Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

1.	The name of the company is: Custon Dimensions	- //
	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)

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FILED Feb 28, 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:

CUSTOM DIMENSIONS LLC

The document number of the limited liability company: L19000211517

The file date of the articles of organization: August 19, 2019

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

HEALTH REASONS, HUSBAND HAD KIDNEY TRANSPLANT 4/ 2020.

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

DEBORAH GOETZ 111 WHISPERING OAKS COURT SARASOTA, FL 34232

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: DEBORAH GOETZ

Electronic Signature of authorized person