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SECREMANY OF STATE
TALL MALKSSFF, FALE

COVER LETTER

то:	Division of Corporations	
SUBJEC	CT: Lori Flynn Name of Lin	nited Liability Company
The encl		n for Florida Limited Liability Company and fee(s) are
Please ro	eturn all correspondence concerning this mat	ter to:
	Contact Person	
	Contact Person	
	Firm/Company	
1763	Annadale Circle Address	
	Address	
Roya	City. State and Zip Code	411
E-m	or Fly @ Gnail. Com	ort notification)
For furth	her information concerning this matter, pleas	e call:
	Name of Contact Person	at (S61) 236-7185 Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

l.	The name of the company is: Lor. Flynn LLC
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2.	The document number of the company is
3.	The effective date the Dissolution was filed is 9 16 2024
4.	The revocation of dissolution was authorized on 11 130 12024
5.	A copy of the Articles of Dissolution is attached.
	Loi Thomas
Signature of person authorized to submit the revocation of dissolution	

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

1024 DEC TO PH 4: 36

FILED Sep 16, 2024 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:

LORI FLYNN LLC

The document number of the limited liability company: L19000245489

The file date of the articles of organization: September 30, 2019

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

NO LONGER IN USE

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: LORI FLYNN

Electronic Signature of authorized person