L19000284241

(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

2023 FEB 28 AM II: 27

TO:

Registration Section Division of Corporations

SUBJECT: Shirley's Referent Apartments

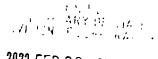
The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

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

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY



2023 FEB 28 AMII: 27

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: Shirleys Retreat agastments 11
2.	The document number of the company isL19000284241
3.	The effective date the Dissolution was filed is $4 - 1 - 23$
4.	The revocation of dissolution was authorized on $1-21-2023$
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 Jan 27, 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:

SHIRLEY'S RETREAT APARTMENTS LLC

The document number of the limited liability company: L19000284241

The file date of the articles of organization: November 14, 2019

The effective date of the dissolution if not effective on the date of filing: April 1, 2023

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

SOLD PROPERTY ASSOCIATED WITH THIS ENTITY.

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: GARRETT SMITH

Electronic Signature of authorized person