

120000013657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

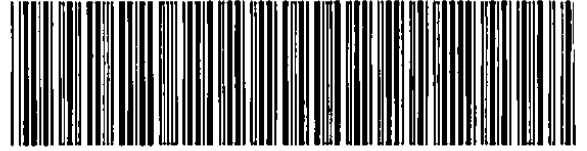
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100372155211

09/03/21--01008--021 ♦♦55.

SECRET
STATE OF FLORIDA
TALLAHASSEE, FL

2021 SEP -2 AM 11:08

SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revest LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shelley Avril
(Contact Person)

Revest LLC
(Firm/Company)

11 South Swinton Ave
(Address)

Delray Beach FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley Avril at (561) 255-0537
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Revest LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000013657

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/16/2020

4. I, Shelley Avril, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Shelley Avril
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2021 SEP -2 AM 11:08
STATE OF FLORIDA
TALLAHASSEE, FL