## 12000014367

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Ĉit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
	Office Use On	1

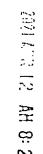


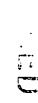
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## COVER LETTER

Division of Corporations	
SUBJECT: MaMa Boy's tool ( Name of Limited Liability Co	ompany (GAV
The enclosed Statement of Revocation of Dissolution for Florida Lin submitted for filing.	nited Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Kenkeniana Roberts Contact Person	_
Ma Ma Boys Confay  Firm Company	_ <del>_</del>
1853 N Mac St Address	
Ja Fla 3226L City, State and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Name of Contact Person Area Cod	e Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
T.O. DOX 0.527	2415 N. M. G.

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## CR2E132 (10/15)

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: Ma Ma Boys Food Conjany
2.	The document number of the company is L20000 (436)
3.	The effective date the Dissolution was filed is 3-48-21
-1.	The revocation of dissolution was authorized on 4.12.21
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)
CR2E11	32 (10/15) SEF SI O