

L20000024905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

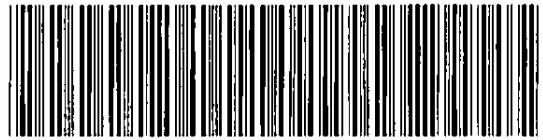
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cascade Vista, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to:

Steven N. Hibbe, Esq.

Contact Person

Villanueva & Hibbe, P.A.

Firm/Company

1430 South Dixie Highway, Ste. 313

Address

Coral Gables, FL 33146

City, State and Zip Code

sh@yachtcounselor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven N. Hibbe, Esq.

Name of Contact Person

at (305)

Area Code

375-0966

Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FL

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**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: Cascade Vista, LLC
2. The document number of the company is L20000024905
3. The effective date the Dissolution was filed is November 20th, 2024
4. The revocation of dissolution was authorized on December 10th, 2024
5. A copy of the Articles of Dissolution is attached.

Joseph J. Paschitto Sr. Manager
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FL

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