

L20000046656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

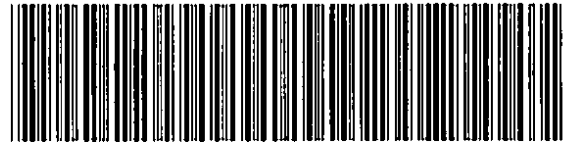
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



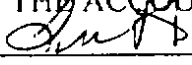
100389969471

RECEIVED  
2022 JUN 27 PM 4:31  
ALABAMA SECRETARY OF REVENUE  
2022 JUN 27 AM 9:28

6/28/2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: I20210000160 AMOUNT: 100.00

Authorization Signature: 

Dog Side of the Moon LLC

L20000046656

BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time       

☐ Mail out

☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

☒ **Revocation**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE ()        ☐ Other  
Country

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dog side of the Moon 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:

Mary Hood  
Contact Person

Dog side of the Moon  
Firm/Company

800 Charles St  
Address

Port Orange, FL 32129  
City, State and Zip Code

mb Hood68@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Hood at (386) 246-5611  
Name of Contact Person Area Code 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

FILED

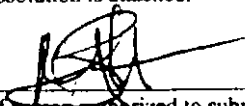
2022 JUN 27 AM 9:28

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

**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: Dog Side of the Moon LLC
2. The document number of the company is L20000046656
3. The effective date the Dissolution was filed is June 22, 2022
4. The revocation of dissolution was authorized on June 22, 2022
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)

FILED  
Jun 21, 2022  
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:

DOG SIDE OF THE MOON, LLC

The document number of the limited liability company: L20000046656

The file date of the articles of organization: February 10, 2020

The effective date of the dissolution if not effective on the date of filing: June 22, 2022

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

BUSINESS WAS SOLD TO DAVID AND MARY HOOD. 800 CHARLES STREET PORT ORANGE,  
FL 32129

The name and address of the person appointed to wind up the company's activities and affairs:

TIMOTHY J. JENNINGS  
117 HARRISON PLACE  
PANAMA CITY, FL 32405 US

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: TIMOTHY JOSEPH JENNINGS

\_\_\_\_\_  
Electronic Signature of authorized person