

L20000046809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

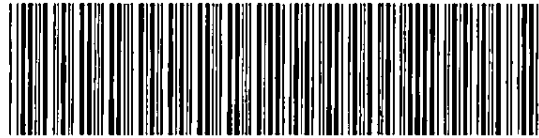
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: StanTheManWithTheRealEstatePlan 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:

Stanley Robinson
Contact Person

StanTheManWithTheRealEstatePlan LLC
Firm/Company

P.O. Box 363
Address

Dallas NC 28034
City, State and Zip Code

Stanman2365@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley Robinson at (772) 353-9031
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

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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: StanThe Man With The Real Estate Plan LLC
2. The document number of the company is L20000046809
3. The effective date the Dissolution was filed is 10/23/2024
4. The revocation of dissolution was authorized on 11/19/2024
5. A copy of the Articles of Dissolution is attached.

Stanly Robinson
Signature of person authorized to submit the revocation of dissolution

SECRETARY OF STATE
TALLAHASSEE, FL

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