

L2000000497600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

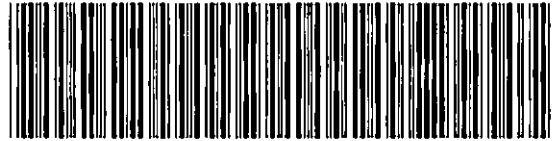
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/22--01017--003 **100.00

FILED
TALLahassee, FL

2022 JUN -9 AM 11:27

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TALLahassee, FL

2022 JUN -9 AM 11:19

af 6/9/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Seasons Furniture-

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:

Omar Suid

Contact Person

4 Seasons Furniture

Firm/Company

12001 Dr MLK Jr Street North #38303

Address

saint petersburg, FL 33716

City, State and Zip Code

444seasonsfurniture@gmail.com

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

For further information concerning this matter, please call:

omar suid

at (

813

) 574-7203

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:

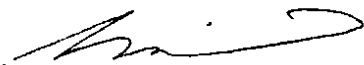
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2022 JUN -9 AM 11:27

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: 4 Seasons Furniture
2. The document number of the company is L20000049766
3. The effective date the Dissolution was filed is 3/17/2022
4. The revocation of dissolution was authorized on 3/18/2022
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
Mar 17, 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:

4 SEASONS FURNITURE, LLC

The document number of the limited liability company: L20000049766

The file date of the articles of organization: February 12, 2020

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

BUSINESS IS CLOSED

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

MAILYN GONZALEZ
13470 NW 2 MANOR, #104
PLANTATION, FL 33325 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: MAILYN GONZALEZ

Electronic Signature of authorized person