

L20000057972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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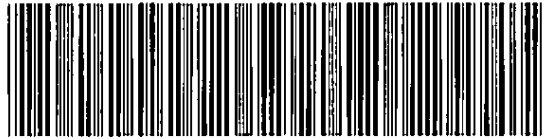
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shawn Mammie Agency 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:

Shawn Mammie
Contact Person

Shawn Mammie Agency LLC
Firm/Company

28 Grand Ravine Dr
Address

Saint Augustine FL 32086
City, State and Zip Code

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

For further information concerning this matter, please call:

Shawn Mammie at (386) 986-5143
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**

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: Shawn Mammie Agency LLC
2. The document number of the company is L20000057972
3. The effective date the Dissolution was filed is 04/21/2023
4. The revocation of dissolution was authorized on 04/21/2023
5. A copy of the Articles of Dissolution is attached.

Shawn Mammie
Signature of person authorized to submit the revocation of dissolution

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

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FILED
Apr 21, 2023
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:

SHAWN MANNIEL AGENCY LLC

The document number of the limited liability company: L20000057972

The file date of the articles of organization: February 20, 2020

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

MOVING OUT OF STATE

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

SHAWN MANNIEL
4475 US 1 S, UNIT 503
SAINT AUGUSTINE, FL 32084 UN

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: SHAWN MANNIEL

Electronic Signature of authorized person