

LZO 000090820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

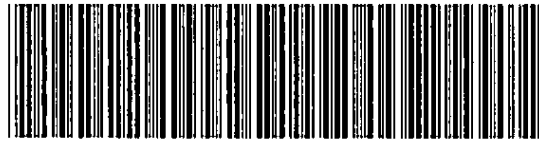
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/21--01020--124 **100.00

2021 JUN 11 PM 3:56

W.R.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAXIMUM GC 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:

GREGORY CARLISLE

Contact Person

Firm/Company

711 5TH AVENUE SOUTH, STE 200

Address

NAPLES, FL, 34102

City, State and Zip Code

GCNCPR@GMAIL.COM

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

For further information concerning this matter, please call:

SILVANA RIBEIRO

Name of Contact Person

at (954)
Area Code

854-9722

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

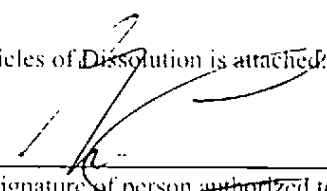
Street Address:

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.

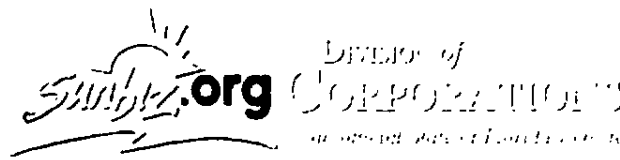
1. The name of the company is: MAXIMUM GC LLC
2. The document number of the company is 120000090820
3. The effective date the Dissolution was filed is 05/31/2021
4. The revocation of dissolution was authorized on 06/02/2021
5. A copy of the Articles of Dissolution is attached:



Signature of person authorized to submit the revocation of dissolution

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

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Articles of Dissolution For A Limited Liability Company

Name of Limited Liability Company MAXIMUM GC LLC
Principal Address 13720 JETPORT COMMERCE PKWY
SUITE # 10
FORT MYERS, FL 33913

The Articles of Organization were filed on 03/26/2020 and assigned document number L20000090820.

Required Filing Fee: \$25.00

Certificate of Status (Automatically issued) [What is a certificate of status?](#)

Certified Copy ☐ \$30.00 (Optional) [What is a certified copy?](#)

The certification will be sent to the e-mail address entered below.

Correspondence E-mail Address

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing will be sent.

E-mail Address gncpr@gmail.com

Re-enter Email Address gncpr@gmail.com

Effective date, if not effective on the date of filing: 05 / 31 / 2021 (mm/dd/yyyy) (Cannot be prior to or more than 90 days after date of filing)

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

(Maximum of 240 characters.)

Business is no longer operational.

206 chars remaining

If there are no members, enter the name and address of the person appointed to windup the company's activities and affairs:

Name GREGORY CARLISLE
Address 711 5TH AVENUE SOUTH, STE 200
City, State NAPLES, FL
Zip Code & Country 34102 US

I hereby certify that the information indicated on this document is true and accurate and that my electronic signature shall have the same legal effect as if made under oath.

Signature of an authorized person, or, if there are no members, the signature of the person appointed and listed above to windup the company's activities and affairs:

Signature GREGORY CARLISLE

The individual "signing" this document affirms that the facts stated herein are true.