

120000096756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

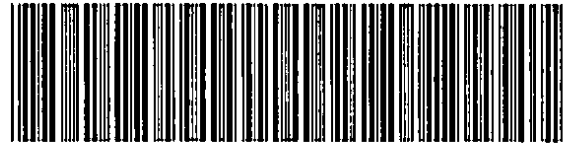
(Business Entity Name)

(Document Number)

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

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FBI - PHOENIX

JUN 29 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gimmi Vitality Products - Gimmi Vitality Products  
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:

Lisa Eliassaint - Lisa Eliassaint  
Contact Person

Firm/Company

6125 Spring Lake Terrace - 6125 Spring Lake Terrace  
Address

Fort Pierce, Florida 34951 - Fort Pierce, FL 34951  
City, State and Zip Code

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

For further information concerning this matter, please call:

Lisa Eliassaint - Lisa Eliassaint at 772, 361-5052 - 772-361-5252  
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:**

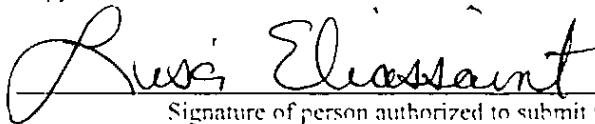
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: Gimmi Vitality Products
2. The document number of the company is L20000096756
3. The effective date the Dissolution was filed is 01/17/2022
4. The revocation of dissolution was authorized on 05/02/2022
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)**

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