

L20 000 146 483

146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

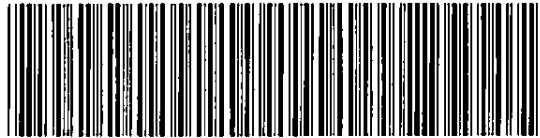
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 27 PM 2:26
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM NO SLEEP ENTERPRISES 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:

LOUIS CAPELES 646-299-6502
Contact Person

TEAM NO SLEEP ENTERPRISES LLC
Firm/Company

1084 HOME STREET # 3 G
Address

BRONX, NEW YORK 10459
City, State and Zip Code

TEAM NO SLEEP ENTERPRISES - GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS CAPELES at (646) 299-6502
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

o: [Louie capeles <quietassassin123@yahoo.com>
rom Louis Capeles <teamnosleepenterprises@gmail.com>
ate: Tue, Feb 6, 2024 at 3:53 PM

----- Forwarded message -----
rom: <noreply@egov.com>
ate: Tue, Feb 6, 2024, 3:47 PM
ubject:
o:

I PAID TO
HAVE
IT
FILED

Tyler Payments Services

Payment Receipt Confirmation

our payment was successfully processed.

COMMON SENSE
WHY SHOULD I
DISSOLVE IT?

Transaction Summary

Receipt Confirmation

Description	Amount
Total Payment To Division of Corporations	\$143.75
Service Fee	\$0.00
Total Amount Paid	\$143.75

I DIDN'T DISSOLVE IT
COULD YOU PLEASE
REINSTATE
THANK YOU
LOUIE CAPELES

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7994121094CC L20000146483	Annual Report Filing	\$143.75	1	\$143.75

Louie Capeles
DOCKET #
L20000146483

Total Amount Paid	\$143.75
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Customer Information

Customer Name	Louis Capeles
Local Reference	7994121094CC
	L20000146483
Receipt Date	2/6/2024
Receipt Time	03:47:26 PM EST

Payment Information

Payment Type	Credit Card
Credit Card Type	VISA
Credit Card	*****3283
Number	
Order ID	7502067
Name on Credit Card	LOUIS CAPELES

Billing Information

Billing Address	1084 Home St
	Apt 3G
Billing City, State	Bronx, NY
Billing Zip	10459
Zip/Postal Code	
Country	US

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NIC Services, LLC dba Tyler Payments Services • 7701 College Boulevard, Overland Park, KS
66210 • (888) 853-0663

NIC Payment Solutions in Hawaii, New Jersey & Wisconsin

Receipt Time 10:29:05 AM EST

Payment Information

Payment type Credit Card
Credit Card type VISA
Credit Card number *****3201
Order ID 33638670
Billing Name Louis Capeles

Billing Information

Billing address 1084 Home
Street Apt 3G
Bronx New York
10459
Billing City, state BRONX, NY
ZIP/Postal code 10459
Country US
Phone 6462996502

lumber

**This receipt has been
mailed to the address
below.**

mail address louis.capeles522@gmail.com

State of Florida

Department of State

I certify from the records of this office that TEAM NO SLEEP ENTERPRISES LLC is a limited liability company organized under the laws of the State of Florida, filed on May 29, 2020.

The document number of this limited liability company is L20000146483.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on February 6, 2024, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of February, 2024*




Secretary of State

Tracking Number: 7994121094CG

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<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

State of Florida

Department of State

I certify from the records of this office that TEAM NO SLEEP ENTERPRISES LLC was a limited liability company organized under the laws of the State of Florida, filed on May 29, 2020.

The document number of this limited liability company is L20000146483.

I further certify that said limited liability company was voluntarily dissolved on February 8, 2024.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Thirteenth day of February, 2024*



A handwritten signature in black ink, appearing to be "J. B. J.", is written over a horizontal line.

Secretary of State

Authentication ID: 700423624947-021324-1.20000146483

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<https://efile.sunbiz.org/certauthver.html>