

LA 0600173805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

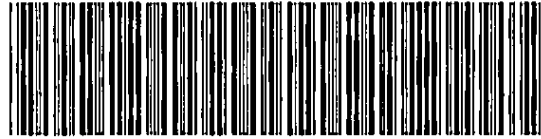
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/22/21--01043--010 **100.00

FILED
2021 MAR 22 AM 9:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LN Brothers General Construction 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:

Narciso Acosta Medel
Contact Person

LN Brothers General Construction LLC
Firm/Company

5170 Collins Rd Lot 108
Address

Tallahassee FL 32303
City, State and Zip Code

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

For further information concerning this matter, please call:

NARCISO Acosta Medel at (904) 915 16 79
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

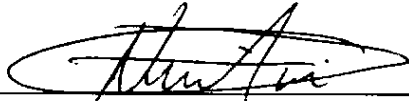
Street Address:

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: LN Brothers General Construction LLC
2. The document number of the company is L20000173805
3. The effective date the Dissolution was filed is 03/05/2021
4. The revocation of dissolution was authorized on 03/09/2021
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)

CR2E132 (10/15)

FILED
2021 MAR 22 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

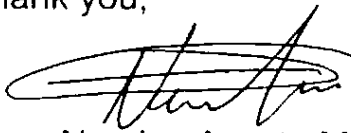
March 9th , 2021

To whom it may concern,

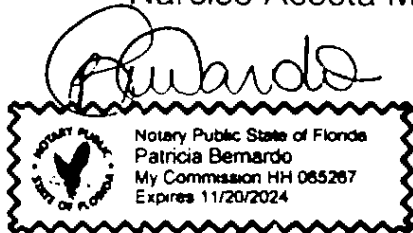
I Narciso Acosta Medel am writing this letter to have my LLC Reinstated. My partner Louie Alvarez Santiago didn't want to be a part of the LLC anymore, so He asked his accountant to remove him from the company, but instead his accountant Removed me(Narciso) and Closed the LLC the next day.

I want my company to be reinstated and to have only me as an owner and have the address changed to 5170 Collins rd #108 Jacksonville FL 32244. The dissolution was filed on March 5th, 2021. I need my company Reinstated as I have General Liability and Workers Compensation Under the companies name and my own. If you need anything else please feel free to contact my account Patricia Bernardo at (904)683-1767 or Info@safewayfl.com.

Thank you,



Narciso Acosta Medel



3/09/2021

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000173805
FILED 8:00 AM
June 22, 2020
Sec. Of State
cdmarquez

Article I

The name of the Limited Liability Company is:

LN BROTHERS GENERAL CONSTRUCTION LLC

Article II

The street address of the principal office of the Limited Liability Company is:

6813 TOM THUMB DR
JACKSONVILLE, FL. US 32210

The mailing address of the Limited Liability Company is:

6813 TOM THUMB DR
JACKSONVILLE, FL. US 32210

Article III

The name and Florida street address of the registered agent is:

SAFE WAY MULTISERVICE CORP
9891 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL. 32257

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PATRICIA BERNARDO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
LOUIE ALVAREZ SANTIAGO
4202 GOLDIE ST
JACKSONVILLE, FL. 32207 US

Title: AMBR
NARCISO ACOSTA MEDEL
6813 TOM THUMB DR
JACKSONVILLE, FL. 32210 US

L20000173805
FILED 8:00 AM
June 22, 2020
Sec. Of State
cdmarquez

Article V

The effective date for this Limited Liability Company shall be:

06/22/2020

Signature of member or an authorized representative

Electronic Signature: LOUIE ALVAREZ SANTIAGO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.