

# L20000245194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

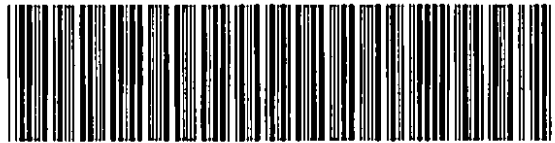
(Business Entity Name)

(Document Number)

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

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## 900364895339

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R. HUNT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revive Hydration, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vilma I. Rodriguez

\_\_\_\_\_  
Name of Person

Revive Hydration, LLC

\_\_\_\_\_  
Firm/Company

2204 14th Street West

\_\_\_\_\_  
Address

Palmetto, FL 34221

\_\_\_\_\_  
City/State and Zip Code

vilmaandrew@hotmail.com

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

For further information concerning this matter, please call:

Vilma I. Rodriguez

\_\_\_\_\_  
Name of Person

at (941) \_\_\_\_\_

Area Code

725-1160

\_\_\_\_\_  
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 TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

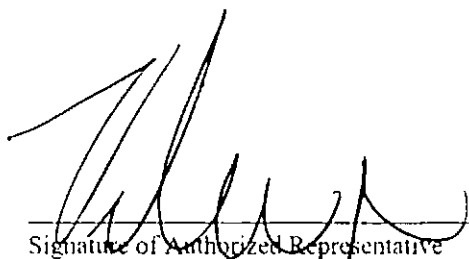
**FIRST:** The name of the limited liability company is: Revive Hydration, LLC

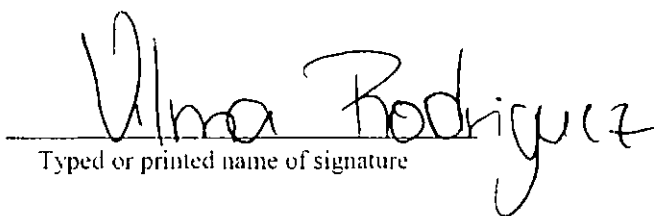
**SECOND:** The Florida Document number of the limited liability company is: L20000245194

**THIRD:** The date of filing of the initial articles of organization is: 08/10/2020

**FOURTH:** The date of filing of the dissolution is: 04/21/2021

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
Signature of Authorized Representative

  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2021 APR 30 PM 12:07  
DIVISION OF CORPORATE  
REGISTRATION