

L20000268253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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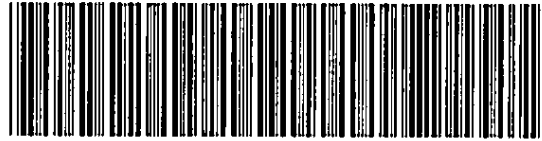
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & B Specialized Services, 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:

Brandi Tyndall
Contact Person

A & B Specialized Services, LLC
Firm/Company

4157 Cinnamon Teal Dr
Address

Mims, FL 32754
City, State and Zip Code

Brandi.Tyndall@178@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandi Tyndall at (321), 291-9147
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

**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: A & B Specialized Services, LLC
2. The document number of the company is 120000268253
3. The effective date the Dissolution was filed is END^g JAN 2021 - Beg Feb 2021
4. The revocation of dissolution was authorized on The week after I filed dissolution
5. A copy of the Articles of Dissolution is attached.

Giandi E Lyndal

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA