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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section Division of Corporations		
SURI	ECT: 8073 LLC		
50155	Name o	of Limited Liability Co	mpany
	nclosed Statement of Revocation of Dissouted for filing.	olution for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning thi	s matter to:	
Erin S	harpe		
	Contact Person		_
8073 I	LLC		
	Firm/Company		_
8073 3	34th Ave N		
	Address		_
St Pete	ersburg, FL 33710		
	City, State and Zip Cod	e	_
	dda@live.com		
Ė-	mail address: (to be used for future annu	al report notification)	_
For fu	rther information concerning this matter,	please call:	
Erin S	harpe	at (460-3911)
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

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.	8073 LLC The name of the company is:
2.	L20000289775 The document number of the company is
3.	7/27/22 The effective date the Dissolution was filed is
4.	7/29/22 The revocation of dissolution was authorized on
5. 4	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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