

L20000309469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

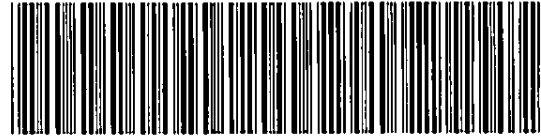
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/24--01003--006 **130.00

2023 MAR 27 AM 6:42

FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

71 AM 8:24

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations
LASTING LASHES LLC

SUBJECT: _____
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:

ZARINA NAGRANI

Contact Person

LASTING LASHES LLC

Firm/Company

2956 JUNIPER LN

Address

DAVIE, FL 33330

City, State and Zip Code

ZNAGRANI@GMAIL.COM

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

For further information concerning this matter, please call:

ZARINA NAGRANI	954	304-3829
_____	at (_____)	_____
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

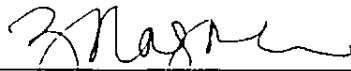
**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2023 MAR 27 AM 6:42

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.

LASTING LASHES LLC

1. The name of the company is: _____
1.20000309469
2. The document number of the company is _____
02/14/2024
3. The effective date the Dissolution was filed is _____
02/14/2024
4. The revocation of dissolution was authorized on _____
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)**

FILED
Feb 14, 2024
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

LASTING LASHES LLC

The document number of the limited liability company: L20000309469

The file date of the articles of organization: October 1, 2020

The effective date of the dissolution if not effective on the date of filing: February 15, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

NEVER CONDUCTED BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

ZARINA NAGRANI
2956 JUNIPER LN
DAVIE, FL 33330

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ZARINA NAGRANI

Electronic Signature of authorized person