

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Z ₁ p/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
SEP - 9 2024				





99/04/24--01024--015 **100.00



COVER LETTER

TO:	Registration Section Division of Corporations						
CUDU	ECT: ULTIMATE BUSINESS SOLUTIONS,	LLC					
20BH	Name of Limited Liability Company						
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limi	ted Liability Company and fee(s) are				
Please	return all correspondence concerning this matt	er to:					
SAND	PRA ARES						
	Contact Person		-				
	Firm/Company		_				
1289 V	VATERVIEW CT						
	Address						
WEST	ON FL 33326						
	City, State and Zip Code		_				
ULTIN	MATELLC@YAHOO.COM						
E-	mail address: (to be used for future annual repo	rt notification)	-				
For fur	ther information concerning this matter, please	call:					
SAND	RA ARES	786	251-6151				
	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				

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.

١.	The name of the company is:
2.	L20000359659 The document number of the company is
3.	JULY 10, 2024 The effective date the Dissolution was filed is
4.	TULY 10, 2024 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)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ULTIMATE BUSINESS SOLUTION	IS, LLC	
Name of L	imited Liability Com	apany
The enclosed Statement of Revocation of Dissoluti submitted for filing.	on for Florida Limite	ed Liability Company and fee(s) are
Please return all correspondence concerning this m	atter to:	
SANDRA ARES		
Contact Person		
Firm/Company		
1289 WATERVIEW CT		
Address		
WESTON FL 33326		
City, State and Zip Code		
ULTIMATELLC@YAHOO.COM		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, plea	se call:	
SANDRA ARES	786	251-6151
Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Ī	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	2	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION FOR						
FLORIDA LIMITED LIABILITY COMPANY						
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ULTIMATE BUSINESS SOLUTIONS, LLC 1. The name of the company is:						
2. The document number of the company is						
JULY 10, 2024 3. The effective date the Dissolution was filed is						
JULY 10, 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)

CR2E132 (10/15)

FILED Jul 10, 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:

ULTIMATE BUSINESS SOLUTIONS, LLC

The document number of the limited liability company: L20000359659

The file date of the articles of organization: November 13, 2020

The effective date of the dissolution if not effective on the date of filing: July 10, 2024

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

NOT ACTIVELY CONDUCTING BUSINESS ACTIVITIES

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

SANDRA ARES 1289 WATERVIEW CT WESTON, FL 33326

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: SANDRA ARES

Electronic Signature of authorized person