L20000379647

(Re	questor's Name)		
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COVER LETTER

то:	Registration Section Division of Corporations		
arib ii	INTERSION ROTANICALS LLC		
SUBJ	Name of I	Limited Liability Cor	npany
	iclosed Statement of Revocation of Dissolut tted for filing.	ion for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this n	natter to:	
BENJ	AMIN A MILLER		
	Contact Person		_
INFU	SION BOTANICALS LLC		
	Firm/Company		_
13080	S BELCHER RD. SUITE F		
	Address		_
LARC	GO. FL 33773		
	City. State and Zip Code		_
	@bennytrue.com		
E	-mail address: (to be used for future annual)	report notification)	_
For fu	rther information concerning this matter, ple	ease call:	
BENJ	AMIN A MILLER	at (993-1865
	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.

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jul 26, 2021 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:

INFUSION BOTANICALS LLC

The document number of the limited liability company: L20000379647

The file date of the articles of organization: December 4, 2020

The effective date of the dissolution if not effective on the date of filing: July 26, 2021

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

BUSINESS PARTNER STOLE INVENTORY: DISSOLUTION NEEDED.

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

CHRISTOPHER BROWN 910 WEEDON DR NE ST PETERSBURG, FL 33702 UN

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: CHRISTOPHER BROWN

Electronic Signature of authorized person