

L2660381867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

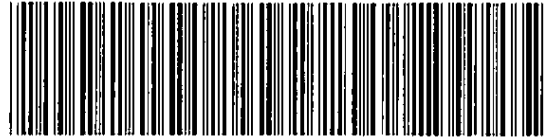
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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A. BUTLER

MAR 23 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hypta Solutions 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:

IVAN HypPOLite
Contact Person

Hypta Solutions LLC
Firm/Company

17059 Wandering Wave Ave
Address

Boca Raton FL 33496
City, State and Zip Code

HyptaSolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN HypPOLite at (954) 882-3409
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:

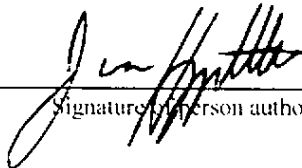
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 MAR 23 AM 9:47

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: Hypta Solutions LLC
2. The document number of the company is L2000321867
3. The effective date the Dissolution was filed is 11-29TH-2022
4. The revocation of dissolution was authorized on 11-29-2022
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)