

L21000092524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

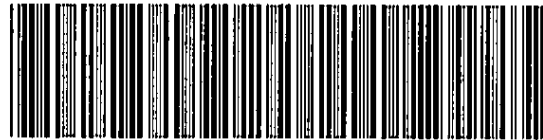
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600367233066

06/01/21--01036--025 \*\*100.00

13-4-11 1-1-11 11-11

813/121A

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Anniversary 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:

Robert Taormina

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

904 yew ct.

\_\_\_\_\_  
Address

celebration, florida 34747

\_\_\_\_\_  
City, State and Zip Code

bob@roseroomproductions.net

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

For further information concerning this matter, please call:

Robert Taormina

\_\_\_\_\_  
Name of Contact Person

at ( 321 ) 9394062

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

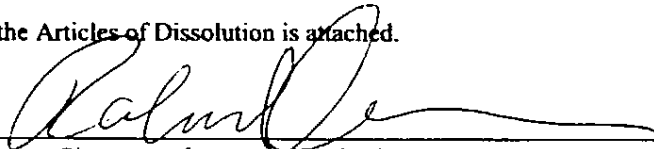
**Street Address:**

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**

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: The Anniversary LLC
2. The document number of the company is L21000092524
3. The effective date the Dissolution was filed is 5-3-21
4. The revocation of dissolution was authorized on 5-25-21
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**  
**May 03, 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:

**THE ANNIVERSARY LLC**

The document number of the limited liability company: L21000092524

The file date of the articles of organization: February 24, 2021

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

**NEVER STARTED BUSINESS**

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

**ROBERT TAORMINA**  
**7208 W. SAND LAKE RD. SUITE 305**  
**ORLANDO, FL 34747**

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: **ROBERT TAORMINA**

---

Electronic Signature of authorized person