

L21000111612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

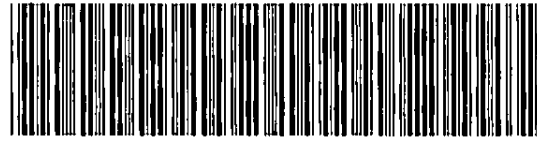
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

9/22/23

Office Use Only



500416136835

RECEIVED
2023 SEP 27 PM 2:01
DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4701 North Meridian Lakehouse LLC

Please Debit FCA000000003 For: 100

Thank you Seth Neeley



- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4701 North Meridian Lakehouse 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:

John H Ruiz

Contact Person

Firm/Company

2701 S Le Jeune Road, 10th Floor

Address

Coral Gables, FL 33134

City, State and Zip Code

rdeleon@ruizinvestments.com

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

For further information concerning this matter, please call:

Rosalia De Leon

at (305) 992-0924

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**

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: 4701 North Meridian Lakehouse LLC
2. The document number of the company is L21000111612
3. The effective date the Dissolution was filed is 8/4/2023
4. The revocation of dissolution was authorized on 9/26/2023
5. A copy of the Articles of Dissolution is attached.

DocuSigned by:

John H Ruiz

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED
2023 SEP 27 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
23 AUG -4 AM 11:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
4701 NORTH MERIDIAN LAKEHOUSE, LLC

2. The Articles of Organization were filed on 03/08/2021 and assigned
document number 1.21000111612

3. The delayed effective date the dissolution if not effective on the date of filing: 8/4/2023
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Entity is inactive and no longer in use.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

DocuSigned by:

John H. Ruiz

Signature

John H. Ruiz

Printed Name

FILING FEE: \$25.00