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COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	ECT: Elizabeth Lashes, LLC		
	Name of Li	mited Liability Cor	mpany
	closed Statement of Revocation of Dissolution ted for filing.	on for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this ma	atter to:	
Darla l	Pursley		
	Contact Person		_
Elizab	eth Lashes, LLC		
	Firm/Company		_
6339 N	NW Windwood Way		
	Address		_
Port Sa	aint Lucie, FL 34987		
	City, State and Zip Code		_
darlapı	ursley13@icloud.com		
E-:	mail address: (to be used for future annual re	port notification)	_
For fur	ther information concerning this matter, plea	se call:	
Darla I	Purlsey	305 at (988-3657
	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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E132 (10/15)

Tallahassee, FL 32314

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.	Elizabeth Lashes, LLC The name of the company is:	
	The document number of the company is	
3.	The effective date the Dissolution was filed is	
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)	.3
CR2E13	22 (10/15)	

FILED May 05, 2025 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:

ELIZABETH LASHES, LLC

The document number of the limited liability company: L21000132936

The file date of the articles of organization: March 22, 2021

The effective date of the dissolution if not effective on the date of filing: May 5, 2025

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

THE BUSINESS TURNED INTO A MAJOR LOSS AND CANT CONTINUE TO TAKE LOSSES

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

DARLA PURSLEY 6339 NW WINDWOOD WAY PORT SAINT LUCIE, FL 34987 US

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: DARLA PURSLEY

Electronic Signature of authorized person