

L21000183545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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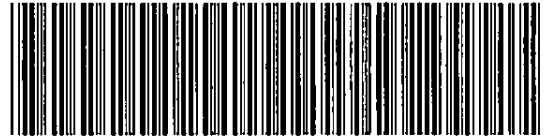
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faithful Heart Caregivers 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:

Alisha Gilliam
Contact Person

Faithful Heart Caregivers LLC
Firm/Company

283 Cranes Rest Boulevard Ste. 111
Address

Altamonte Springs, FL 32701
City, State and Zip Code

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

For further information concerning this matter, please call:

Alisha Gilliam at 407, 864-0897
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

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**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: Faithful Heart Caregivers LLC
2. The document number of the company is L21000183545
3. The effective date the Dissolution was filed is 2/27/24
4. The revocation of dissolution was authorized on 3/1/24
5. A copy of the Articles of Dissolution is attached.

Aleisha Williams
Signature of person authorized to submit the revocation of dissolution

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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