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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

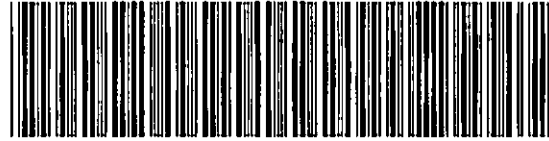
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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SEP 23 2022

S. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foltz Law PA PLLC

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:

Bryan Foltz

Contact Person

Foltz Law PLLC

Firm/Company

90 Fort Wade Road

Address

Ponte Vedra, FL 32081

City, State and Zip Code

Bryan@foltzlawpa.com

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

For further information concerning this matter, please call:

Bryan Foltz

at (904) 705-6505

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Foltz Law PA PLLC
2. The Articles of Organization were filed on 05/25/2021 and assigned
document number L21000243962
3. The delayed effective date the dissolution if not effective on the date of filing: 05/02/2022
(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).
Owner decided to no longer operate firm.

Owner decided to no longer operate firm.

Owner decided to no longer operate firm.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Bryan Foltz 12138 NW 82nd Street Parkland FL 33076

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:


Signature

Bryan Foltz

Printed Name

FILING FEE: \$25.00

FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -6 PM 2:13