

L 21 000 256 221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

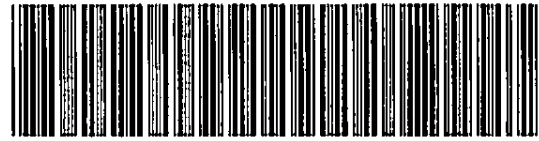
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIXSARIA 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:

Jose Larrasquito
Contact Person

Firm/Company

11017 sw 7th st
Address

Miami, FL 33174
City, State and Zip Code

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

For further information concerning this matter, please call:

Jose Larrasquito at (786) 8242436
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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TALLAHASSEE, FL

**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: VIXSARIA LLC

2. The document number of the company is L21000256221

3. The effective date the Dissolution was filed is February 08, 2023

4. The revocation of dissolution was authorized on March 15, 2023

5. A copy of the Articles of Dissolution is attached.

Jose Larrasquito

Signature of person authorized to submit the revocation of dissolution

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

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SECRETARY OF STATE
TALLAHASSEE, FL