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	(Requestor's Name)
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PICK-UP	WAIT MAIL
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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: MAG PROFESSIONAL CLE Name of Limited Liability Con	ANING SERVICES AND LL
The enclos	osed Statement of Revocation of Dissolution for Florida Limit d for filing.	
Please retu	turn all correspondence concerning this matter to:	
	MACDARD CAROSE Contact Person	_
Mrc	PLOFESPONAL CCEANING SERVICE Firm/Company	ic ilc
240	0 NE 175 ST Address	-
NM3	3 HIAMI, FUNIOR 33/62 City, State and Zip Code	_
E-mail	la Gda 24022 C Yakoo. Com il address: (to be used for future annual report notification)	-
	er information concerning this matter, please call:	\ 33/2789
N	MAGDAGE LAROSE at 305 Name of Contact Person Area Code	Daytime Telephone Number
R D	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.	The name of the company is: MAC PLOFESSIONAL CLEANING SERVICE WE LLC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $4/20/2023$
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)

CR2E132 (10/15)