# 121000266747

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	<del>)</del>
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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### COVER LETTER

| TO:     | Registration Section                                           |                     |                                      |
|---------|----------------------------------------------------------------|---------------------|--------------------------------------|
|         | Division of Corporations                                       | CLIC                |                                      |
| SURI    | EMMANUEL RINALDI CONSULTIN                                     | OTEC                |                                      |
| 3000    |                                                                | nited Liability Cor | mpany                                |
|         | iclosed Statement of Revocation of Dissolution ted for filing. | n for Florida Limi  | ted Liability Company and fee(s) are |
| Please  | return all correspondence concerning this mat                  | ter to:             |                                      |
| Rinale  | li E White                                                     |                     |                                      |
|         | Contact Person                                                 |                     | _                                    |
| ЕММ     | ANUEL RINALDI CONSULTING LLC                                   |                     |                                      |
|         | Firm/Company                                                   |                     | _                                    |
| 2550 2  | 22ND STREET                                                    |                     |                                      |
|         | Address                                                        |                     | _                                    |
| SARA    | SOTA, FL 34232                                                 |                     |                                      |
|         | City, State and Zip Code                                       |                     | _                                    |
| Rinale  | fiewhite@gmail.com                                             |                     |                                      |
| E-      | mail address: (to be used for future annual rep                | ort notification)   | _                                    |
|         | ther information concerning this matter, please                | e call:<br>941      | 879-2648                             |
| Killaic | ii wine                                                        | at (                | 075-2046                             |
|         | 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            |
|         | Tallahassee, FL 32314                                          |                     | 2415 N. Monroe Street, Suite 810     |
|         |                                                                |                     | Tallahassee, FL 32303                |

# 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.

#### EMMANUEL RINALDI CONSULTING LLC

| ١. | The name of the company is:                                |                        |       |
|----|------------------------------------------------------------|------------------------|-------|
| 2. | 1.21000266747  The document number of the company is       | 2021<br>S Eq           | 6     |
|    | 07/21/2021                                                 | AUG 2                  | $\Xi$ |
| 3. | The effective date the Dissolution was filed is            | မိ                     | 1     |
| 4  | 07/21/2021 The revocation of dissolution was authorized on | AH II<br>OP S<br>SEELS | ED    |
|    |                                                            | 产品 3                   |       |
| 5. | A copy of the Articles of Dissolution is attached.         |                        |       |

Filing Fee: \$100.00

Signature of person authorized to submit the revocation of dissolution

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

#### FILED Jul 21, 2021 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:

EMMANUEL RINALDI CONSULTING LLC

The document number of the limited liability company: L21000266747

The file date of the articles of organization: June 8, 2021

The effective date of the dissolution if not effective on the date of filing: July 21, 2021

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

THE CORPORATION SHOULD NOT HAVE BEEN FILED AS A LLC

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

RINALDI WHITE 2550 22ND ST SARASOTA SARASOTA, FL 34234

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: RINALDI WHITE

Electronic Signature of authorized person