L21000279680

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	o Filing Officer:	
		!

Office Use Only



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revocation oz dissolution

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cut N Up Outdoor Solutions LLC		
Name of Lim	ited Liability Cor	npany
The enclosed Statement of Revocation of Dissolution submitted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this matt	er to:	
Amanda Sanders		
Contact Person		_
Cut N Up Outdoor Solutions LLC		
Firm/Company	<u> </u>	_
4 Berry Patch Rd		
Address		_
Defuniak Springs, FL 32435		
City, State and Zip Code		_
amanda.1980@hotmail.com		_
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	e call:	
Amanda Sanders	850 at (974-1613
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 81
		Tallahassee, FL 32303

FILED

2022 OCT -4 PH 12 34

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.	Cut N Up Outdoor Solutions LLC The name of the company is:
2.	L21000279680 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	09/06/2022 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached. Manuala A angles

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)