

h21000286313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

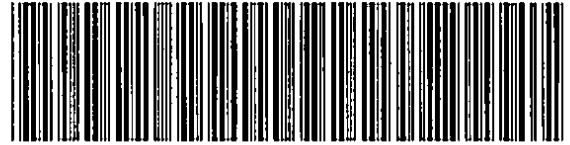
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/20/21--01028--028 **130.00

2021 DEC 20 PM 1:23
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FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DW Claims Adjuster Services 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:

Devon Walters

Contact Person

DW Claims Adjuster Services LLC

Firm/Company

1317 Edgewater Drive STE5428

Address

Orlando, FL 32804

City, State and Zip Code

devon.walters42@gmail.com

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

For further information concerning this matter, please call:

Devon Walters

Name of Contact Person

at (347) 630-6639

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

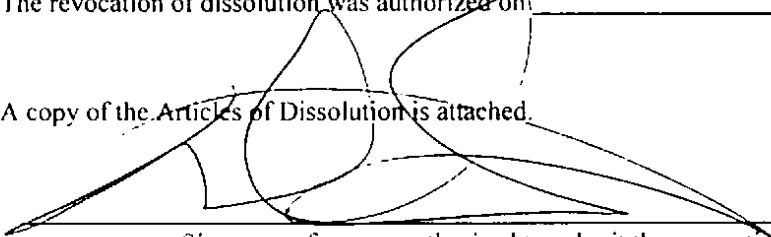
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: DW Claims Adjuster Services LLC
2. The document number of the company is L21000286313
3. The effective date the Dissolution was filed is 11-01-2021
4. The revocation of dissolution was authorized on 12-16-21
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)

FILED
2021 DEC 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2021 NOV -1 AM 5:27

SECRETARY OF STATE
ALLAHAMSSPE, F.L.

1. The name of a limited liability company is
DW CLAIMS ADJUSTER SERVICES L.L.C.

2. The Articles of Organization were filed on 06/14/2021 and assigned
document number 1.21000286313

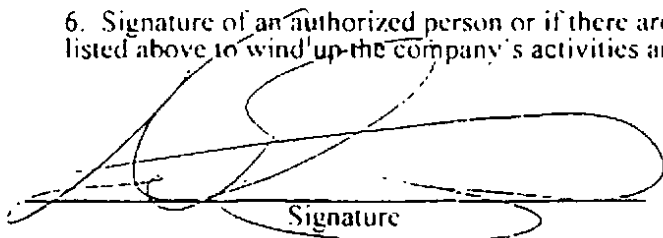
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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).

Closing company

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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

Devon Walters

Printed Name

FILING FEE: \$25.00