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(Re	equestor's Name)	
(Ad	dress)	
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AM EXPINESS TRANS Name of Limited L	partarian LLC
Name of Limited L	iability Company
The enclosed Statement of Revocation of Dissolution for F submitted for filing.	lorida Limited Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
ALLEN FERNANDEZ ECHENE	WÒIA
Contact Person	
AM EXPIRESS TRANSPORTATION LLC	
2733 RIVETZ Dail Dr	
OZAWGE PURK, PL. 32073 City, State and Zip Code	3
9.m.expressfrans3@gmail.com E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
ALLEN FERNANDEZ EChemendia an	786,203-3019
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 FT 32314	2415 N. Monroe Street, Suite 81

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.

i.	The name of the company is: AM EXNESS TRADSPORTATION LLC	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is $04/30/2024$	
4.	The revocation of dissolution was authorized on $\frac{06/21/2024}{}$	
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)	
CR2E1	24 JUN 28 PF C	i :)