

L21000387869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

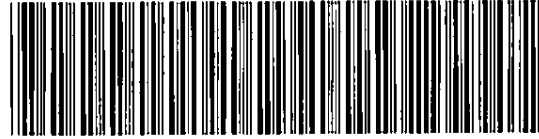
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000442601640

FILED  
2025 JAN 15 AM 9:19  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2025 JAN 15 AM 10:51  
CLERK OF STATE  
TALLAHASSEE, FL

AB



**CAPITOL  
SERVICES**

## **Filing Cover Sheet**

**Sunbiz Prepaid Account # I20160000017**

**To: Florida Division of Corporations**

**From: Merritt Walker C/O Capitol Services, Inc.**

**Date: 1/15/2025**

**Trans#: 1526899**

**Entity Name: Ethos of Living, LLC**

Articles of Organization ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Revocation of Dissolution (✓)

Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

Partnership Registration ( )

**STATE FEES PREPAID WITH SUNBIZ ACCT #I20160000017 in the amount of \$100.00**

### **PLEASE RETURN:**

**Certified Copy ( ) Plain Stamped Copy (✓)**

**Good Standing ( ) Certificate of Fact ( )**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ETHOS OF LIVING, 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:

Sandra K. Racicot, CLA, FRP

\_\_\_\_\_  
Contact Person

Beachside Law Office

\_\_\_\_\_  
Firm/Company

1402 Highway A1A, Suite A

\_\_\_\_\_  
Address

Satellite Beach, FL 32937

\_\_\_\_\_  
City, State and Zip Code

skrgolf@gmail.com

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

For further information concerning this matter, please call:

Sandra K. Racicot, CLA, FRP

at ( 321 ) 421-7926

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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

FILED

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2025 JAN 15 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: ETHOS OF LIVING, LLC
2. The document number of the company is L21000387869
3. The effective date the Dissolution was filed is January 13, 2025
4. The revocation of dissolution was authorized on January 13, 2025
5. A copy of the Articles of Dissolution is attached.

Demetri Katsopoulos, MANAGER  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

FILED  
Jan 13, 2025  
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:

ETHOS OF LIVING, LLC

The document number of the limited liability company: L21000387869

The file date of the articles of organization: August 30, 2021

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

THE BUSINESS MODEL HAS TRANSITIONED TO THAT OF A SOLE PROPRIETORSHIP.

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

DEMETRI KITSOPOULOS  
1733 SUN GLAZER DRIVE  
ROCKLEDGE, FL 32955 US

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: DEMETRI KITSOPOULOS

---

Electronic Signature of authorized person