

L21 000 398505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

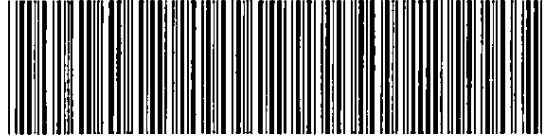
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TO: Registration Section  
Division of Corporations

SUBJECT: ARISTOS HOLDING, 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:

JOHN ANDREOPOULOS, ESQ.

Contact Person

ANDREOPOULOS LAW FIRM

Firm/Company

1014 U.S. HIGHWAY 19, SUITE 110

Address

HOLIDAY, FL 34691

City, State and Zip Code

JOHNBILLIRIS@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOHN ANDREOPOULOS, ESQ.

at ( 727 )

939-0000

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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: ARISTOS HOLDING, LLC
2. The document number of the company is L21000398505
3. The effective date the Dissolution was filed is APRIL 11, 2023
4. The revocation of dissolution was authorized on OCTOBER 11, 2023
5. A copy of the Articles of Dissolution is attached.

*John M. Billiris*  
Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

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