

L21000449401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

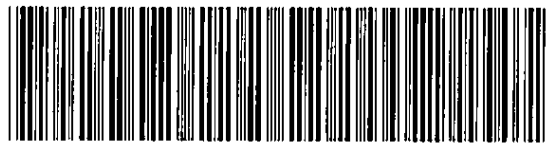
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2024 JUL 12 02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAOLA VARIETE STORE 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:

PAULA GEORGES

Contact Person

PAOLA VARIETE STORE LLC

Firm/Company

7509 Mishkie Dr

Address

Jacksonville, FL 32244

City, State and Zip Code

paulag315@gmail.com

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

For further information concerning this matter, please call:

PAULA GEORGES

at (786) 222-5249

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

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

2024 MAR 30 PM 12:03

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: PAOLA VARIETE STORE LLC
2. The document number of the company is 121000449401
3. The effective date the Dissolution was filed is 03/28/2024
4. The revocation of dissolution was authorized on 03/28/2024
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)