L21000460546

(R	Requestor's Name)	
(A	ddress)	_
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
	.	. HORNE JUL - 1 2024

Office Use Only



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COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: SmithArmourLLC		
Name of Lin	ited Liability Cor	npany
The enclosed Statement of Revocation of Dissolution submitted for filing.	ı for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this matt	ter to:	
Alene Smith		
Contact Person		
Smith Armour LLC		_
Firm/Company		-
8605 29th Way Apt 202		
Address		_
Pinellas Park. FL 33782		
City, State and Zip Code		_
Allis I 144@gmail.com		_
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	e call:	
Alene Smith	786-547-161 at ()
Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		
Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314 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.	Smtih Armour LLC The name of the company is:
2.	L21000460546 The document number of the company is
	09/23/2023 The effective date the Dissolution was filed is
	04-05-2024 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Alexeb Smith
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)