(Reque	estor's Name)	
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(City/S	State/Zip/Phone #	9
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(Busin	ess Entity Name	)
(Docu	ment Number)	<del></del>
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer		
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(850) 524-5437 (850) 524-6243 Please use funds from this account: 120210000160 \$100.00 Authorization Signature: Jamulur L21000494980 Sampietro, LLC Business Document Number **Certified Copy** Certificate of Status **NEW FILINGS AMENDMENTS** Profit Corp Amendment Resignation of R.A. Not for Profit Officer/Director \_\_Limited Liability Change of Registered Agent X Revocation of Dissolution Domestication \_\_Merger Other Conversion CORP Amended and restated Articles LLLP **Statement of Authority OTHER FILINGS** REGISTERATION/QUALIFICATIONS \_\_ Foreign filing Annual Report \_\_\_Limited Partnership Reinstatement Fictitious Name Other **APOSTILLE** Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

**EXAMINIER'S INITIALS:** 

TALLAHASSEE, FL 32309

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:\_\_\_\_

_Please use funds from this account Authorization Signature:	
Sampietro, LLC L210004949	980
Business	Document Number
Certified Copy  Certificate of Status	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A.
Officer/Director	Konghanon or Kirki
Limited Liability	Change of Registered Agent
Domestication	X Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
LLLI	Statement of Authority
OTHER FILINGS	
<u>I</u>	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE O	other
Country	

## COVER LETTER

TO:	Registration Section Division of Corporations		
STIRI	ECT: SAMPIETRO, LLC		
50150	Name of Limit	ted Liability Con	npany
	nclosed Statement of Revocation of Dissolution (tted for filing.	for Florida Limite	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matte	r to:	
MAR	TIN E DELLOCA		
	Contact Person	<del></del>	
BLU	EMAX PARTNERS CORP		
_	Firm/Company		
848 B	RICKELL AVE STE 1130		
·	Address		
MIAN	иI, FL. 33131		
	City, State and Zip Code		•
	LLOCA@MDELLCONSULTING.COM -mail address: (to be used for future annual repo	rt notification)	-
For fu	rther information concerning this matter, please	call:	
MAR	TIN E DELLOCA	305	007-3493 Daytime Telephone Number
	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

2023 APR TO AN SECRETARY S

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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:

1.21000494980

2. The document number of the company is

04/06/2023

3. The effective date the Dissolution was filed is

04/10/2023

4. The revocation of dissolution was authorized on

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)

FILED Apr 06, 2023 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:

SAMPIETRO, LLC

The document number of the limited liability company: L21000494980

The file date of the articles of organization: November 17, 2021

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

COMMON AGREEMENT

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

SAMPIETRO CIRO 1100 BRICKELL BAY DRIVE APT 82M MIAMI, FL 33131

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.