

L21 000 S12 170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOOR TO DOOR OF TAMPA  
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:

REYNALDO ESCALONA GARZON  
Contact Person

[Signature]  
Firm/Company

6410 TOWN N COUNTRY blvd TAMPA  
Address

TAMPA Florida 33615  
City, State and Zip Code

COGNITOESCALONA@GMAIL.COM  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALDO ESCALONA GARZON at ( 813 ) 735 1389  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

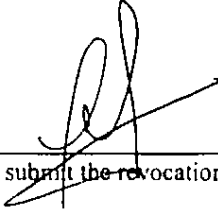
**Street Address:**

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**

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: DOOR TO DOOR OF TAMPA
2. The document number of the company is L 21000512170
3. The effective date the Dissolution was filed is 04/27/2024
4. The revocation of dissolution was authorized on REYNALDO ESCALONA JARZON
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)**

CR2E132 (10/15)

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