

L22 000 160 403 <sup>(VU)</sup>

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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MAIL

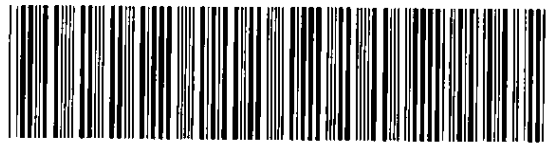
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 AUG 16 AM 11:09

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grace's Gate of Hinds Cove Agency 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:

Verice Allen  
Contact Person

Grace's Gate of Hinds Cove Agency  
Firm/Company

2811 S.W. Archer Road Apt W 19D  
Address

Gainesville, FL, 32608  
City, State and Zip Code

Verice.E.Allen@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Verice Allen at ( 352 ) 575-4602  
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: Grace's Grateful Hands Care Agency LLC
2. The document number of the company is L22000160403
3. The effective date the Dissolution was filed is 4/30/2024
4. The revocation of dissolution was authorized on 4/30/2024
5. A copy of the Articles of Dissolution is attached.

Walter Gil

Signature of person authorized to submit the revocation of dissolution

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

2024 AUG 16 AM 11:09

FILED  
Apr 30, 2024  
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:

GRACE'S GRATEFUL HANDS CARE AGENCY "LLC"

The document number of the limited liability company: L22000160403

The file date of the articles of organization: April 4, 2022

The effective date of the dissolution if not effective on the date of filing: April 30, 2024

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

BUSINESS NOT OPEN YET

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

VETRICE ALLEN  
2811 SW ARCHER ROAD APT 190  
GAINESVILLE, FL 32608 US

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.

Signature: VETRICE ALLEN

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Electronic Signature of authorized person