

# L22000231418

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

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

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

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

☐

PICK-UP

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WAIT

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MAIL

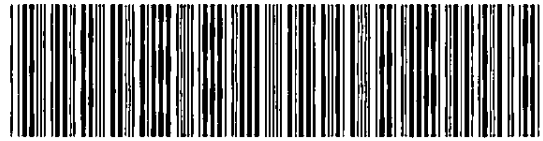
\_\_\_\_\_  
(Business Entity Name)

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

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

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FILED  
24 OCT -1 AM 9:57  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ozone Cloud Solutions 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:

Sumalatha Santapuram

\_\_\_\_\_  
Contact Person

Ozone Cloud Solutions LLC

\_\_\_\_\_  
Firm/Company

16105 colchester Palms Dr

\_\_\_\_\_  
Address

Tampa Florida 33647

\_\_\_\_\_  
City, State and Zip Code

vijjureddy.s@gmail.com

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

For further information concerning this matter, please call:

Sumalatha, Santapuram

\_\_\_\_\_  
Name of Contact Person

at ( 618 )

\_\_\_\_\_  
Area Code

618-303-5505

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

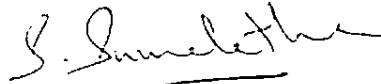
**Street Address:**

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.

- OZONE CLOUD SOLUTIONS LLC
1. The name of the company is: \_\_\_\_\_
- 1.22000231418
2. The document number of the company is \_\_\_\_\_
- 08/13/2024
3. The effective date the Dissolution was filed is \_\_\_\_\_
- 9/24/2024
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)**

CR2E132 (10/15)

FILED  
24 OCT -1 AM 9:57  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

FILED  
Aug 12, 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:

OZONE CLOUD SOLUTIONS LLC

The document number of the limited liability company: L22000231418

The file date of the articles of organization: May 18, 2022

The effective date of the dissolution if not effective on the date of filing: August 13, 2024

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

CLOSING THE BUSINESS

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: VIJAYNEDER SANGOMOLA BHOJI

---

Electronic Signature of authorized person

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000231418

**Entity Name:** OZONE CLOUD SOLUTIONS LLC

**Current Principal Place of Business:**

16105 COLCHESTER PALMS DR  
TAMPA, FL 33647

**Current Mailing Address:**

16105 COLCHESTER PALMS DR  
TAMPA, FL 33647 US

**FEI Number:** 88-2698789

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANGOMOLA BHOJI, VIJAYNEDER  
16105 COLCHESTER PALMS DR  
TAMPA, FL 33647 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida*

**SIGNATURE:** VIJAYNEDER SANGOMOLA BHOJI

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AUTHORIZED MEMBER
Name	SANGOMOLA BHOJI, VIJAYNEDER	Name	SUMALATHA, SANTAPURAM
Address	16105 COLCHESTER PALMS	Address	16105 COLCHESTER PALMS DR
City-State-Zip	TAMPA FL 33647	City-State-Zip	TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIJAYNEDER SANGOMOLA BHOJI

AMBR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ozone Cloud Solutions LLC

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Sumalatha, Santapuram

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1. The name of the company is: OZONE CLOUD SOLUTIONS LLC
2. The document number of the company is L22000231418
3. The effective date the Dissolution was filed is 08/13/2024
4. The revocation of dissolution was authorized on 9/24/2024
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)**

FILED  
Aug 12, 2024  
Secretary of State

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Signature: VIJAYNEDER SANGOMOLA BHOJI

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Electronic Signature of authorized person



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DOCUMENT# L22000231418

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TAMPA, FL 33647 US

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**Certificate of Status Desired:** No

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SANGOMOLA BHOJI, VIJAYNEDER  
16105 COLCHESTER PALMS DR  
TAMPA, FL 33647 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** VIJAYNEDER SANGOMOLA BHOJI

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SANGOMOLA BHOJI, VIJAYNEDER  
Address 16105 COLCHESTER PALMS  
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER  
Name SUMALATHA, SANTAPURAM  
Address 16105 COLCHESTER PALMS DR  
City-State-Zip: TAMPA FL 33647

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIJAYNEDER SANGOMOLA BHOJI

AMBR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date