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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TBD&M INVESTMENTS LLC		
SUBJEC		ited Liability Cor	mpany.
	osed Statement of Revocation of Dissolution d for filing.	for Florida Limit	ted Liability Company and fec(s) are
Please re	eturn all correspondence concerning this matte	er to:	
TRAVIS	S B DANTLEY		
	Contact Person		
TBD&N	TINVESTMENTS LLC		
	Firm/Company		
9160 FC	ORUM CORPORATE PARKWAY, SUITE 3	50	
	Address		_
FT. MY.	ERS, 33905		
	City. State and Zip Code		_
	intley357@icloud.com		_
E-m	ail address: (to be used for future annual repo	ort notification)	
	er information concerning this matter, please	call:	
	S B DANTLEY	_ at (<u></u>	895 4020
	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.

ł.	TBD&M INVESTMENTS LLC The name of the company is:	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	· ·
4.	MAY 24, 2022 The revocation of dissolution was authorized on	ω - :
5.	A copy of the Articles of Dissolution is attached.	6.5
	Signature of person authorized to submit the revocation of dissolution	

Filing Fee: \$100,00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)