
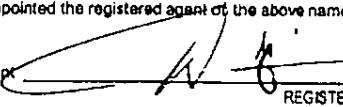
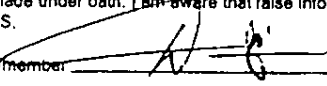


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L22000287558</u>			
1. Limited Liability Company's Name <u>DF&C, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>2914 S.E. 10th Pl.</u>		3. Mailing Office Address <u>18827 Ashley Pl.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>CAPE CORAL</u>		City & State <u>ROWLAND HEIGHTS</u>	
Zip <u>FL33904</u>	Country	Zip <u>CA91748</u>	Country
4. State/Country of Formation <u>FLORIDA</u>			
5. Date Organized or Qualified To Do Business in Florida <u>JUNE 24th, 2022</u>			
6. FEI Number <u>88-3195323</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent			
Name <u>DAVID TAN</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>2914 S.E. 10th Pl.</u>			
Apt. #, Etc.			
City <u>CAPE CORAL</u>		State <u>FL</u>	Zip Code <u>33904</u>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date <u>6/1/2024</u>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>AR</u>	<u>DAVID TAN</u>	<u>2914 S.E. 10th Pl.</u>	<u>CAPE CORAL, FL 33904</u>
11. E-mail Address: <u>DTAN@AOL.COM</u>			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date <u>6/1/2024</u> Daytime Phone # <u>626-786-1567</u>	
Typed or printed name of signing authorized representative/member			

L22000287558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

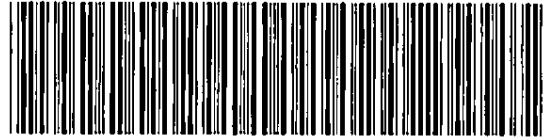
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. HUNT

06/11/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DF#C, 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:

DAVID TAN
Contact Person

DF#C, LLC
Firm/Company

18827 ASHLEY PL.
Address

ROWLAND HEIGHTS, CA 91748
City, State and Zip Code

DTAN@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID TAN at (626) 786-1567
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

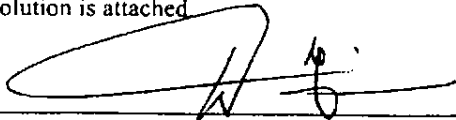
Street Address:

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: DF&C, LLC
2. The document number of the company is L 22000287558
3. The effective date the Dissolution was filed is MARCH 30, 2024
4. The revocation of dissolution was authorized on MARCH 30, 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
Mar 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:

DF&C, LLC

The document number of the limited liability company: L22000287558

The file date of the articles of organization: June 24, 2022

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

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

OUT OF BUSINESS

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

DAVID TAN
18827 ASHLEY PLACE
ROWLAND HEIGHTS, CA 91748

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: DAVID TAN

Electronic Signature of authorized person