

122000259672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

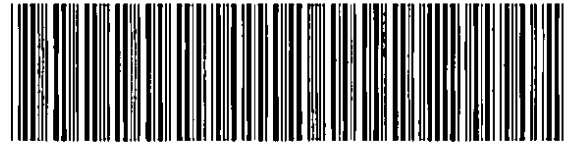
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SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 MAY 18 PM 1:05

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lunna Virtual 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:

Lourdes Ocasio -Cruz  
Contact Person

Lunna Virtual Solutions  
Firm/Company

1809 Henry St.  
Address

Kissimmee, FL 34741  
City, State and Zip Code

lunnavirtualsolutions@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lourdes Ocasio -Cruz at ( 321 ) 437-6692  
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: Lunna Virtual Solutions, LLC
2. The document number of the company is L 22000289072
3. The effective date the Dissolution was filed is February 1<sup>st</sup>, 2023
4. The revocation of dissolution was authorized on May 4<sup>th</sup>, 2023
5. A copy of the Articles of Dissolution is attached.

Abundis Ocasio Cruz

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY 18 PM 1:05

STATEMENT OF FACT

Lunna Virtual Solutions L 22000289072  
Business Name Document Number  
1809 Henry St., Kissimmee, FL 34741  
Address  
Lourdes Ocasio-Cruz (321) 437-6692  
Officer Name Phone

I, Lourdes Ocasio-Cruz, hereby make the following statement:

I did not file nor consent for the dissolution of  
my business, Lunna Virtual Solutions, LLC, with number  
DL 22000289072 on February 1st, 2023.

I do not know Ms. Silvia Bonilla, the person who  
filed such document.

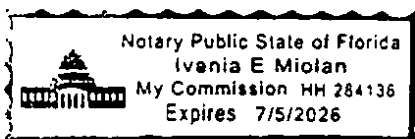
I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief.

Lourdes Ocasio-Cruz 5/4/2023  
Name: Lourdes Ocasio-Cruz Date

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA  
COUNTY OF Osceola

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (4<sup>th</sup>) day of (May), (2023), by  
(Lourdes Ocasio-Cruz).



(NOTARY SEAL)

A handwritten signature in black ink, appearing to read 'Ivenia E. Miotan', written over a horizontal line.

(Signature of Notary Public-State of Florida)

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced Driver's License - 0222-520-65-746-0

FILED  
Feb 01, 2023  
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:

LUNNA VIRTUAL SOLUTIONS LLC

The document number of the limited liability company: L22000289072

The file date of the articles of organization: June 27, 2022

The effective date of the dissolution if not effective on the date of filing: February 1, 2023

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

NEVER OPEN THE BUSINESS, I ~~AM~~™ NOT ABLE TO DO IT I ~~AM~~™ WORKING FULL TIME AT MY JOB

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

SILVIA BONILLA

DELTONA, 32738

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: SILVIA BONILLA

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Electronic Signature of authorized person