122000298253

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: BOYOND BEAUTY BON Name of Limited Liability Con	1 ti que LLC
The enclosed Statement of Revocation of Dissolution for Florida Limit submitted for filing.	ed Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Contact Person	-
Firm/Company	-
3800 NW 1835+ 112	-
Miami gandens fl 33055 City, State and Zip Code	-
LOUSENSE TOSEPH @ 9myl.co E-mail address: (to be used for future annual report notification)	\sim
For further information concerning this matter, please call:	-2
Name of Contact Person at (305) Area Code) 73/1544 Daytime Telephone Number
71100 0000	y
Mailing Address:	Street Address:

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

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: BEYOND BEOUTY BONTIGUE LLC
2.	The document number of the company is <u>L. 22,000 298 253</u>
3.	The effective date the Dissolution was filed is $04 - 27 - 23$
4.	The revocation of dissolution was authorized on $06 - 16 - 23$
5.	A copy of the Articles of Dissolution is attached.
	LOUSENCE JOSEPH Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

TECHETARY OF STATE