# L22000324914

| (Requestor's Name)                      |
|---|
| (Add)                                   |
| (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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Office Use Only



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of 8/1/2022

## COVER LETTER

| TO:      | Registration Section Division of Corporations  |                   |  |  |  |  |
|----------|--|-------------------|--|--|--|--|
| SHRIF    | CCT: LAKESIDE RETREAT  |                   |  |  |  |  |
| 30131    | Name of Limited Liability Company  |                   |  |  |  |  |
|          | closed Statement of Revocation of Dissolution ed for filing.                                       | for Florida Limi  | ted Liability Company and fee(s) are   |  |  |  |
| Please r | return all correspondence concerning this matt   | er to:            |  |  |  |  |
| TRACI    | E PACHECO  |                   |  |  |  |  |
|          | Contact Person   | <del> </del>      | _  |  |  |  |
| -        | Firm/Company   | <del></del>       | <del>-</del>   |  |  |  |
| 1049 PI  | HELPS STREET   |                   | _  |  |  |  |
|          | Address  |                   |  |  |  |  |
| SEBAS    | STIAN, FL. 32958   |                   |  |  |  |  |
|          | City, State and Zip Code   |                   | _  |  |  |  |
| TRACI    | E_PACHECO@YAHOO.COM  |                   |  |  |  |  |
| E-n      | mail address: (to be used for future annual repo   | ort notification) | _  |  |  |  |
| For furt | ther information concerning this matter, please  | call;             |  |  |  |  |
| TRACI    | E PACHECO  | 772<br>at (       | 299-8721   |  |  |  |
|          | 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 2022 AUG = 1 Pil 3: 59 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. | LAKESIDE RETREAT, LLC The name of the company is:                      |
|----|--|
| 2. | 1_22(XXX)324914 The document number of the company is                  |
| 3. | The effective date the Dissolution was filed is 3-4y 28 2022           |
| 4. | The revocation of dissolution was authorized on August 15+ 2022        |
| 5. | A copy of the Articles of Dissolution is attached.                     |
|    | Diacie Pacheco   |
|    | Signature of person authorized to submit the revocation of dissolution |

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

### FILED Jul 28, 2022 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:

LAKESIDE RETREAT LLC

The document number of the limited liability company: L22000324914

The file date of the articles of organization: July 22, 2022

The effective date of the dissolution if not effective on the date of filing: July 28, 2022

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

I TRIED TO OBTAIN AN EIN FOR MY NEW LLC NAME

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

TRACIE PACHECO 1049 PHELPS ST SEBASTIAN, FL 32958

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: TRACIE PACHECO

Electronic Signature of authorized person