L22000345407

(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filling Officer		
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COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	Cathys Complete Cl Name of Limited Liability Com	leaning LLC
The enclosed submitted for	Statement of Revocation of Dissolution for Florida Limi filing.	ted Liability Company and fee(s) are
Please return a	all correspondence concerning this matter to:	
Ca	therine Lewis Contact Person	_
<u>Cal</u>	thus Coullete Cleaning	
7770	SE Federal Huy Lot 2 Address	S Hote-Sound FL 35755
Hub	LE Sand FL 33455 City, State and Zip Code	_
E-mail ad	d 11907 @ 9M2:1. Com idress: (to be used for future annual report notification)	_
Cath	formation concerning this matter, please call: at 1777 at Code Area Code	Daytime Telephone Number
Regis Divis Clifto	EET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

Tallahassee, Florida 32301

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: Cathys Complete Cleanit	19
2	The document number of the company is <u>L22 000 341 5 407</u>	5
<u>-</u> .		
3.	The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on September 3, 2024	
5.	A copy of the Articles of Dissolution is attached.	•
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	Signature of person authorized to submit the revocation of dissolution	·
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Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)