

L22000416211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

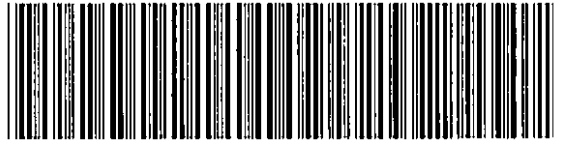
(Business Entity Name)

(Document Number)

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Office Use Only



900406662179

LLC dissolution

FILED  
2023 JUL 10 AM 11:22  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JUL 10 PM 2:46  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

JUL 11 2023

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 07/10/2023

**PRIORITY** Routine

**OUR REF # (Order ID#)** Renee

**ORDER ENTITY**

**REVIVAL SASH ACQUISITION LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**REVIVAL SASH ACQUISITION LLC**

Please file the attached dissolution.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be 'WJ' or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

2023 JUL 10 AM 11:22

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
REVIVAL SASH ACQUISITION LLC
2. The Articles of Organization were filed on 09/23/2022 and assigned  
document number L22000416211
3. The delayed effective date the dissolution if not effective on the date of filing:  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
All members consent to Dissolution  
ENTRY MADE JUL 2023, NOT RECORDED
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
MICHAEL CORMIER  
7150 NE 7TH AVE  
BOCA RATON, FL 33487
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:



Signature



Printed Name

FILING FEE: \$25.00