L22000423019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)
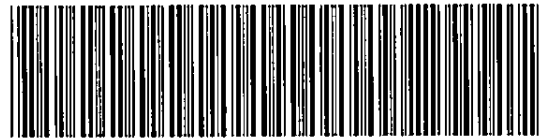
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TO: Registration Section
Division of Corporations

SUBJECT: Vidya, 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:

Zachariah Evangelista

_____
Contact Person

Ser & Associates, PLLC

_____
Firm/Company

801 Monterey Street, Suite 2220

_____
Address

Coral Gables, FL 33134

_____
City, State and Zip Code

commerical@vidya.com.ar

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zachariah Evangelista   305   222-7282
_____ at (_____)_____
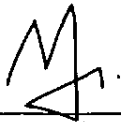Name of Contact Person   Area Code   Daytime Telephone Number

Mailing Address:	**Street Address:**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E132 (10/15)

STATEMENT OF REVOCATION OF DISSOLUTION
VIDYA, LLC

Pursuant to Florida Statutes 605.0708, Vidya, LLC revokes its Articles of Dissolution prior to the expiration of 120 days following the filing date of the Articles of Dissolution.

1. The name of limited liability company is Vidya, LLC.

2. The document number of the limited liability company is L22000423019.

3. The effective date Articles of Dissolution were filed is January 24, 2023.

4. The revocation of dissolution was authorized on February 24, 2023.

5. A copy of the Articles of Dissolution are attached.

_____
Diego Longobucco, Director