

L22000453736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

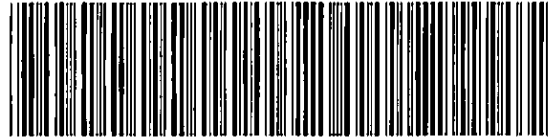
(Business Entity Name)

(Document Number)

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2023 APR -4 PM 9:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aloha Poke Orlando, 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:

Thiep Le
Contact Person

Aloha Poke Orlando, LLC
Firm/Company

1312 Fountain Hills Ct.
Address

Winter Park, FL 32792
City, State and Zip Code

ALOHAHAWAIIAN KITCHEN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thiep Le at (407) 230-9826
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

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**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: Aloha Poke Orlando, LLC
2. The document number of the company is L22000453736
3. The effective date the Dissolution was filed is 4/3/23
4. The revocation of dissolution was authorized on 4/4/23
5. A copy of the Articles of Dissolution is attached.

2023/04-4 PM 9:45



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)