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(Democratical News)
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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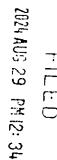
Special Instructions to Filing Officer:
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J. HORNE SEP - 6 2024
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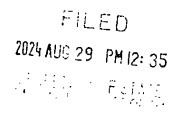
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COVER LETTER

ons		
Name of Lin	nited Liability Cor	npany
ocation of Dissolution	n for Florida Limit	ed Liability Company and fee(s) are
e concerning this mat	ter to:	
itact Person		_
n/Company		-
Address		-
ate and Zip Code		_
		_
for future annual rep	ort notification)	
ning this matter, pleas	e call:	
	321 at (4199621
on	Area Code	Daytime Telephone Number
		Street Address:
		Registration Section
ations		Division of Corporations
314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
.514		Tallahassee, FL 32303
	Name of Lin ocation of Dissolution e concerning this mat ntact Person Address ate and Zip Code for future annual repaining this matter, pleas	Name of Limited Liability Corocation of Dissolution for Florida Limit e concerning this matter to: Stact Person

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.	Lunafish LLC The name of the company is:
2.	The document number of the company is
3.	July 29, 2024 The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jul 29, 2024 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:

LUNAFISH LLC

The document number of the limited liability company: L22000465730

The file date of the articles of organization: October 31, 2022

The effective date of the dissolution if not effective on the date of filing: July 31, 2024

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

BUSINESS CLOSING

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

MACAULAY & ASSOCIATES LLC 5321 1ST AVE S ST. PETERSBURG, FL 33707 UN

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: DANIEL LANGEMAK

Electronic Signature of authorized person

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Lunafish LLC		
		ited Liability Cor	npany
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matte	er to:	
Daniel	Langemak		
	Contact Person	-	-
Lunafi	sh LLC		
	Firm/Company		-
260 Ci	innamon Dr.		
	Address		_
Satelli	te Beach, FL 32937		
-	City, State and Zip Code		-
lunafis	shfl@gmail.com		
E-	mail address: (to be used for future annual repo	rt notification)	_
For fur	ther information concerning this matter, please	call:	
Daniel	Langemak	at (321)4199621 Daytime Telephone Number
	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

FILED 2024 AUG 29 PM 12: 35

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2.	L22000465730 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	July 29, 2024 The revocation of dissolution was authorized on
5.	Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

FILED Jul 29, 2024 Secretary of State

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Electronic Signature of authorized person