

L23 000124452

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

SUBJECT: Nellie's Way Beauty

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:

Schanell Hope-Jones Wilson

Contact Person

Nellies Way Beauty

Firm/Company

3545 laurel Greens Lane North unit 103

Address

Naples,FL 34119

City, State and Zip Code

Schanell1986@gmail.com

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

For further information concerning this matter, please call:

Schanell Hope-Jones Wilson

at ( 860 ) 899-8640

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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STATE OF FLORIDA  
TALLAHASSEE, FL

**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: Nellie's Way Beauty
2. The document number of the company is L23000124452
3. The effective date the Dissolution was filed is 5/31/24
4. The revocation of dissolution was authorized on 9/4/24
5. A copy of the Articles of Dissolution is attached.

Schanell H.J. Wilson

Signature of person authorized to submit the revocation of dissolution

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TALLAHASSEE, FL

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