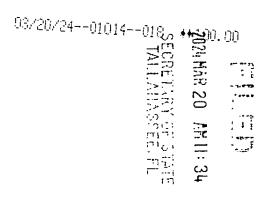
L23000 141151

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(
(Document Number)	
Certified Copies Certificates of Status	s
	1
Special Instructions to Filing Officer.	





400425686894



COVER LETTER .

TO: Registration Section Division of Corporations				
SUBJECT: CAP Consulting LLC				
Name of L	mited Liability Cor	mpany		
The enclosed Statement of Revocation of Dissolution submitted for filing.	on for Florida Limi	ted Liability Company and fee(s) are	;	
Please return all correspondence concerning this ma	ntter to:			
Steven Rogers				
Contact Person		_	_ •	
CAP Consulting LLC		SECR TAL	2024 HAR 20 AM II: 34	•
Firm/Company			*	پومبرد
824 Main Street		######################################	20 1*	
Address		الله الله الله الله الله الله الله الله	==	į.,
Windermere, FL 34786		<u>ज</u>	: 34	
City, State and Zip Code		_		
Stevenrog10@Gmail.com				
E-mail address: (to be used for future annual re	port notification)	_		
For further information concerning this matter, plea	se call:			
Steven Rogers	at (8687138		
Name of Contact Person	Area Code	Daytime Telephone Number	-	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite	810	

Tallahassee, FL 32303

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.	CAP Consulting LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on 3/12/2024 The revocation of dissolution was authorized on 70 70 70 70 70 70 70 70 70 70 70 70 70
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 Feb 16, 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: CAP CONSULTING LLC

The document number of the limited liability company: L23000141151

The file date of the articles of organization: March 20, 2023

The effective date of the dissolution if not effective on the date of filing: February 16, 2024

A description of occurance that resulted in the limited liability company's dissolution: ACCEPTED W-2 EMPLOYEE POSITION

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

STEVEN ROGERS 824 MAIN STREET WINDERMERE, FL 34786 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: STEVEN ROGERS

Electronic Signature of authorized person