

L23000153352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

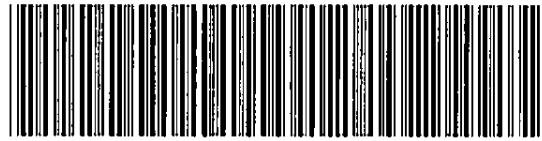
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2024 MAR 27 PM 1:25
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10/27/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Florida Insuranc 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:

Joao B Meira
Contact Person

Belle Florida Insuranc LLC
Firm/Company

7801 Kingspointe Pkwy 203
Address

Orlando, FL 32819
City, State and Zip Code

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

For further information concerning this matter, please call:

Joao B Meira at 321, 200-5981
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

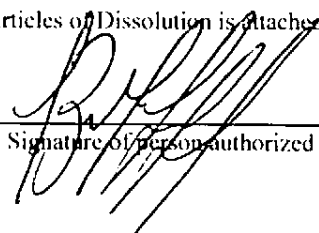
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Bella Florida Insurance LLC
2. The document number of the company is L23000153352
3. The effective date the Dissolution was filed is 03-20-2024
4. The revocation of dissolution was authorized on 03-20-2024
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)

FILED
Mar 20, 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:

BELLA FLORIDA INSURANCE LLC

The document number of the limited liability company: L23000153352

The file date of the articles of organization: March 27, 2023

The effective date of the dissolution if not effective on the date of filing: March 20, 2024

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

NO LONGER NEEDED

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

SORAYA MEIRA
7802 KINGSPONTE PKWY, SUITE 203
ORLANDO, FL 32819 US

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: JOAO B MEIRA

Electronic Signature of authorized person