

L23 000321936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alisa Fielding 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:

Alisa Fielding

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

1043 Bradberry Dr.

\_\_\_\_\_  
Address

Nokomis, FL 34275

\_\_\_\_\_  
City, State and Zip Code

Alisa.Fielding@gmail.com

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

For further information concerning this matter, please call:

Alisa Fielding

\_\_\_\_\_  
Name of Contact Person

at ( 941 )

Area Code

375-9311

\_\_\_\_\_  
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: Alisa Fielding LLC
2. The document number of the company is L23000321936
3. The effective date the Dissolution was filed is 11/15/2023
4. The revocation of dissolution was authorized on 11/20/2023
5. A copy of the Articles of Dissolution is attached.

Alisa Fielding

\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

**FILED**  
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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL