

L23000430197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

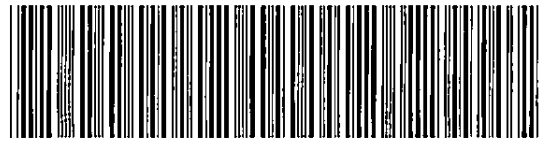
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 MAR 14 AM 11:36

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

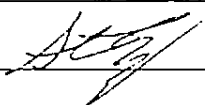
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

430 SW 63 Ct LLC.

Please Debit FCA000000003 For: 100

Thank you Seth Neeley



- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ____ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ☒ Art. of Amend. File **REVOCATION**
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ____ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 430 SW 63 Ct 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:

Viviana Del Valle

Contact Person

430 SW 63 Ct, LLC.

Firm/Company

8350 SW 42 St

Address

Miami FL 33155

City, State and Zip Code

vivianacz@yahoo.com

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

For further information concerning this matter, please call:

Viviana Del Valle

Name of Contact Person

at (786) 3609056

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: 430 SW 63 Ct, LLC
2. The document number of the company is 1,23000430197
3. The effective date the Dissolution was filed is 02/20/2024
4. The revocation of dissolution was authorized on 03/12/2024
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)

CR2E132 (10/15)

FILED
2024 MAR 14 AM 11:36
TALLAHASSEE, FLORIDA

FILED
Feb 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:
430 SW 63 CT, LLC

The document number of the limited liability company: L23000430197

The file date of the articles of organization: September 15, 2023

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

A description of occurrence that resulted in the limited liability company's dissolution:
NO LONGER IN USE.

The name and address of the person appointed to wind up the company's activities and affairs:
VIVIANA DEL VALLE
8350 SOUTHWEST 42ND STREET
MIAMI, FL 33155 MD

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: VIVIANA DEL VALLE

Electronic Signature of authorized person