## 123000435594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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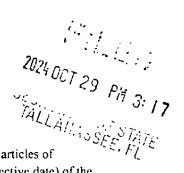


## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CHD	True Mindful Infusions LLC		
SOB		ited Liability Co	mpany
	inclosed Statement of Revocation of Dissolution itted for filing.	for Florida Limi	ted Liability Company and fee(s) are
Please	e return all correspondence concerning this matt	er to:	
Linds	say Goldstein		
	Contact Person		_
True	Mindful Infusions LLC		
	Firm/Company		_
1830	Meridian Ave #205		
	Address		_
Mian	ni Beach, Florida 33139		
	City, State and Zip Code		_
	econsulting305@gmail.com		
Е	-mail address: (to be used for future annual repo	ort notification)	_
For fu	orther information concerning this matter, please	call:	
Linds	say Goldstein	305 at (	778- <b>7</b> 584
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

t e s

## 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.	True Mindful Infusions LLC The name of the company is:
2.	L23000435594  The document number of the company is
3.	October 16, 2024 The effective date the Dissolution was filed is
4.	October 22, 2024 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: 5

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)