L23000529583

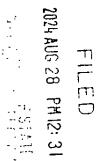
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAVVA
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:
Latrenda A cavah
LAVVA LLC Firm/Company
1089 Victoria Hills Covet
Jackson ville, Fl 32221 City, State and Zip Code
E-mail address: (to be used for future a mual report notification)
For further information concerning this matter, please call: Latrenda Acquah at (228) 375-1800
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

FILED 2024 AUG 28 PH 12: 31

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.

۱.	The name of the company is: LAVVA, LLC	
	The document number of the company is <u>L23000529583</u>	
	The effective date the Dissolution was filed is Avg 20, 2024	
	The revocation of dissolution was authorized on Avg 28, 2024	
4.	The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.	
	Latrela Acquar	
Signature of person authorized (submit the revocation of dissolution		

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAVA LC 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:
Latrenda A cavah
LAVVA, LLC Firm/Company
1089 Victoria Hills Count
Jackson ville, Fl 32221 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (228) 3765-1800 Area Code Daytime Telephone Number
Mailing Address

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

FILED 2024 AUG 28 PM 12: 31

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: LAVVA, ILC
	The document number of the company is L23000529583
	The effective date the Dissolution was filed is Avg 20, 2024
	The revocation of dissolution was authorized on Avg 28, 2024
э.	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 Aug 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:

LAVVA LLC

The document number of the limited liability company: L23000529583

The file date of the articles of organization: November 28, 2023

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

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

PARTNERSHIP DISSOLVED.

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

LATRENDA ACQUAH 1089 VICTORIA HILLS COURT JACKSONVILLE, FL 32221 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: LATRENDA ACQUAH

Electronic Signature of authorized person