# L23000553057

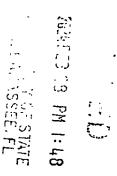
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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### COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Exhala Invest LLC					
SUBJ	Name of Limited Liability Co	mpany				
	nclosed Statement of Revocation of Dissolution for Florida Limited for filing.	ited Liability Company and fee(s) are				
Please	return all correspondence concerning this matter to:					
Micha	ael Fussell					
	Contact Person	_				
Tax I.	aw Associates LLC	· • • • • • • • • • • • • • • • • • • •	? :			
	Firm/Company	—	; ; ;			
2897	N Druid Hills Rd Ste. 156					
-	Address		,			
Atlan	ta, GA 30329	PH I:48				
	City, State and Zip Code	— mi ∞				
mfuss	sell@taxlawassoc.com					
E	mail address: (to be used for future annual report notification)	_				
For fu	rther information concerning this matter, please call:					
Micha	ael Fussell 770	329-1722				
	Name of Contact Person Area Code	Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8	10			
		Tallahacess El 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.

۱.	Exhale Invest LLC The name of the company is:	
2.	The document number of the company is	
3.	Jan 28, 2024 The effective date the Dissolution was filed is	
4.	February 20, 2024  The revocation of dissolution was authorized on	28 P)
5.	A copy of the Articles of Dissolution is attached.	L) II:48 STATE
	Signature of person authorized to submit the revocation of di	ssolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

#### FILED Jan 28, 2024 Secretary of State

### **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707,	'a Statutes	, this Florida	limited liability	company	submits the	e following
Articles of Dissolution:	<b>-</b>					

The name of the limited liability company as currently filed with the Florida Department of State:

**EXHALE INVESTILLC** 

The document number of the limited liability company: L23000553057

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

The effective date of the dissolution if not effective on the date of filing: February 1, 2024

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

NO BUSINESS TRANSACTION TO SUPPORT COMPANY.

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

BRITTANY KLINESMITH 6301 ROBINSON STREET JUPITER, FL 33458 UN

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: BRITTANY KLINESMITH

Electronic Signature of authorized person