LZ3000555294

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SECRETARY OF STATE
TALLAHASSEE, FI01/10/24--01001-01

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COVER LETTER .

Mailing Address:

Registration Section Division of Corporations

TO:

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: Red Horse Beverage LLC
2.	The document number of the company is 230005555394
3.	The effective date the Dissolution was filed is $\frac{1212812033}{2033}$
4.	The revocation of dissolution was authorized on 1 9 20 24
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution
	4 gradule of person authorized to subtlift the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

FILED Dec 28, 2023 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:

RED HORSE BEVERAGE, LLC

The document number of the limited liability company: L23000555294

The file date of the articles of organization: December 18, 2023.

The effective date of the dissolution if not effective on the date of filing: December 28, 2023

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

ISSUES WITH LEE COUNTY ZONING APPROVAL

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

KELLY CUMMINS 3939 CROSSWATER DR NORTH FORT MYERS, 33917

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: KELLY CUMMINS

Electronic Signature of authorized person