

L24000281070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

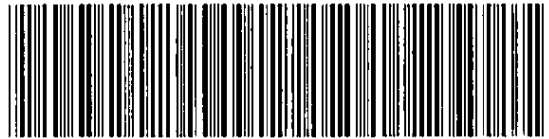
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/05/24--01020--000 \*\*100.00

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R. HUNT  
05/05/24

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IREE FARM, 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:

Emanuel J. Caraballo-Santiago

\_\_\_\_\_  
Contact Person

TealAcre

\_\_\_\_\_  
Firm/Company

9200 NW 39th Ave, STE 130-3363

\_\_\_\_\_  
Address

Gainesville, Florida 32606

\_\_\_\_\_  
City, State and Zip Code

admin@tealacre.com

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

For further information concerning this matter, please call:

Emanuel J. Caraballo-Santiago

at ( 352 ) 224-9811

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

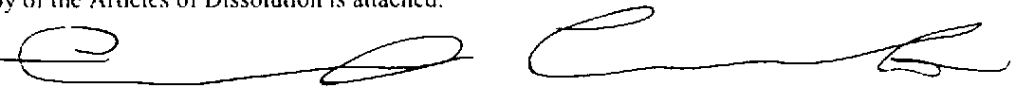
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

- IREE FARM, LLC
1. The name of the company is: \_\_\_\_\_
- L24000281070
2. The document number of the company is \_\_\_\_\_
- 8/21/2024, in violation of 605.0105(2) & 605.0701 F.S.
3. The effective date the Dissolution was filed is \_\_\_\_\_
- 8/21/2024
4. 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: \$100.00**  
**Certified Copy: \$30.00 (optional)**

FILED  
2024 OCT -5 AM 10:44  
CLERK OF STATE  
TALLAHASSEE, FL