

L2400032/260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

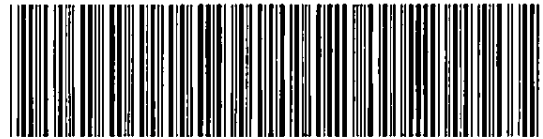
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SECRETARY OF STATE
TALLAHASSEE, FL

4/3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FELIZA 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:

MARIA ZAMARIAN
Contact Person

Firm/Company

20900 NE 30TH AVE STE 703
Address

MIAMI FL 33180
City, State and Zip Code

CDIAZ@DCINTAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>MARIA ZAMARIAN</u>	at (<u>954</u>)	<u>766-1511</u>
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

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2024 DEC -2 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FL

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.

FELIZA LLC

1. The name of the company is: _____

L24000321260

2. The document number of the company is _____

10/25/2024

3. The effective date the Dissolution was filed is _____

11/19/2024

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)