

L24000390654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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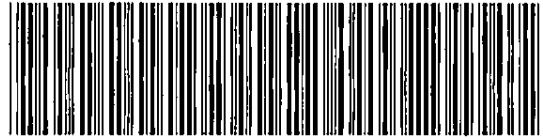
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**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: Total Clarity Bookkeeping LLC
2. The document number of the company is L24000390654
3. The effective date the Dissolution was filed is 11/5/2024
4. The revocation of dissolution was authorized on 11/14/2024
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)**

CR2E132 (10/15)

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TALLAHASSEE, FLORIDA

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Nov 05, 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:

TOTAL CLARITY BOOKKEEPING LLC

The document number of the limited liability company: L24000390654

The file date of the articles of organization: September 6, 2024

The effective date of the dissolution if not effective on the date of filing: November 5, 2024

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

DUE TO UNFORESEEN CIRCUMSTANCES, I AM UNABLE TO PROCEED WITH THE STARTUP OF THIS COMPANY AT THIS TIME. IN ADDITION, AN LLC WOULD NOT BE THE APPROPRIATE DIRECTION FOR ME IN THE FUTURE IF I AM TO PROCEED ATTEMPT AGAIN. NO INCOME HAS BEEN MADE

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

3624 SANDHILL CRANE CIR

MIMS, FL 32754 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: JESSICA WHITEHEAD

Electronic Signature of authorized person

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SECRETARY OF STATE
MIAMI BEACH, FLORIDA