

118000003890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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AUG 28 2023

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23 AUG 10 AM 1:16
CLERK OF COURT
JULIA A. HARRIS, CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A FULFILLED LIFE, INC

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:

LaKisha Erwin

Contact Person

A FULFILLED LIFE, INC

Firm/Company

P.O. Box 2622

Address

Vero Beach, FL 32961

City, State and Zip Code

info@Afulfilledlife.org

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

For further information concerning this matter, please call:

LaKisha Erwin

Name of Contact Person

at (772) 633-5350

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

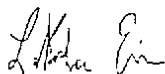
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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.

FILED
23 AUG 10 AM 11:16
TALLAHASSEE, FLORIDA

- A FULFILLED LIFE, INC
1. The name of the company is: _____
 2. The document number of the company is N18000003890
 3. The effective date the Dissolution was filed is 06/11/2023
 4. The revocation of dissolution was authorized on 07/11/2023
 5. A copy of the Articles of Dissolution is attached.



LaKisha Erwin

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

ARTICLES OF DISSOLUTION

Signature: LAKISHA ERWIN OWNER

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative