

P19 00000 5576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

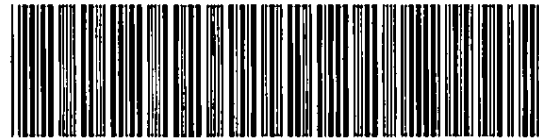
(Business Entity Name)

(Document Number)

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

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TX  
6/9/21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERONICA A CORDOVA, PA

\_\_\_\_\_  
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:

VERONICA ARCINIEGA-CORDOVA

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

VERONICA A CORDOVA, PA

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

30220 SW 156 AVE

\_\_\_\_\_  
Address

HOMESTEAD, FL 33033

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

VC.REALTOR17@GMAIL.COM

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

For further information concerning this matter, please call:

VERONICA ARCINIEGA-CORDOVA

at ( 305 ) 609-3731

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

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

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

**Mailing Address:**

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

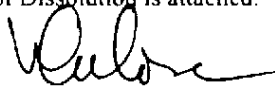
**Street Address:**

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.

1. The name of the company is: VERONICA A CORDOVA, PA
2. The document number of the company is P19000005576
3. The effective date the Dissolution was filed is 3/29/2021
4. The revocation of dissolution was authorized on 4/1/2021
5. A copy of the Articles of Dissolution is attached.



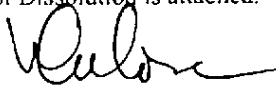
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

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\_\_\_\_\_  
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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**21 APR -8 PM 12:43**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA