

L 04 000 045183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

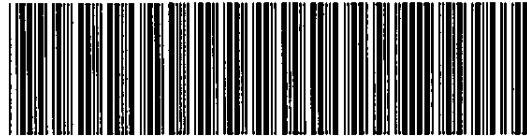
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800257774028

03/13/14--01012--020 \*\*100.00

RECEIVED  
14 MAR 13 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

↓ @ivers MAR 14 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 1005 NW 53 Street Property, 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:

JOE ARERREH

Contact Person

1005 NW 53 Street Property, LLC.

Firm/Company

500 S. Federal Hwy, Ste 1641

Address

Hallandale, FL 33

City, State and Zip Code

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

For further information concerning this matter, please call:

JOE Arerreh

Name of Contact Person

at ( 954 )

Area Code

554 0821

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

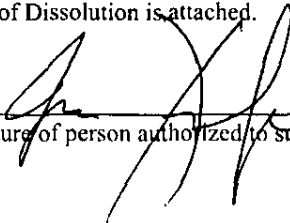
**MAILING ADDRESS:**

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

**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: 1005 NW 53 Street Property, LLC.
2. The document number of the company is L04000045183
3. The effective date the Dissolution was filed is 1/15/14
4. The revocation of dissolution was authorized on 3/10/14
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)**

2014 MAR 13 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA