

**LIB0000001952**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

- PICK-UP   
 WAIT   
 MAIL

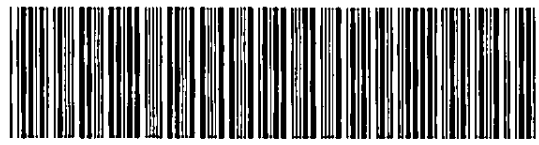
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800306693398

12/20/17--01009--017 \*\*100.00

FILED  
17 DEC 20 AM 8:56  
SOUTH CAROLINA  
COURT REPORTING DIVISION

**S. WARREN**  
DEC 21 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERGER CHOICES 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:

ALAN D. MARTIN  
Contact Person

MERGERCHOICES LLC  
Firm/Company

4802 50TH AVE W  
Address

BRADENTON, FL 34210  
City, State and Zip Code

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

For further information concerning this matter, please call:

ALAN D MARTIN at ( 941 ) 527-1254  
Name of Contact Person Area Code 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: MERGERCHOICES LLC
2. The document number of the company is L13000001952
3. The effective date the Dissolution was filed is DECEMBER 30, 2017
4. The revocation of dissolution was authorized on DECEMBER 18, 2017
5. A copy of the Articles of Dissolution is attached.

A-Martin 12/18/2017  
Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

FILED  
17 DEC 20 AM 8:56  
SECRET STATE  
TALLAHASSEE, FLORIDA

# *State of Florida*

## *Department of State*

I certify from the records of this office that MERGERCHOICES LLC was a limited liability company organized under the laws of the State of Florida, filed on January 2, 2013.

The document number of this limited liability company is L13000001952.

I further certify that said limited liability company was voluntarily dissolved on December 10, 2017, effective December 30, 2017.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twelfth day of December, 2017*

*Ken Detjmer*

*Secretary of State*



Authentication ID: 800306571108-121217-1.13000001952

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>