

LI7000147218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

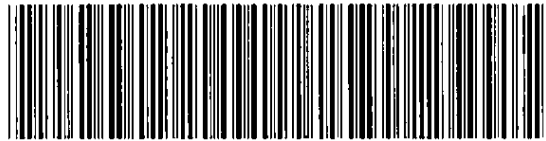
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3112 Spanish Wells 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:

Eli Horowitz  
\_\_\_\_\_  
Contact Person

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

4100 NW 7th Lane  
\_\_\_\_\_  
Address

Delray Beach, FL 33445  
\_\_\_\_\_  
City, State and Zip Code

eli@cbhpa.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Horowitz at ( 914 ) 552-2462  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

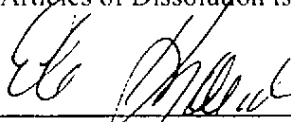
**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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: 3112 Spanish Wells LLC
2. The document number of the company is L17000147218
3. The effective date the Dissolution was filed is January 30, 2023
4. The revocation of dissolution was authorized on September 20, 2023
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)**