## L23000232895

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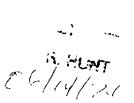
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRIF	CT: AAA MEGA LOCKSMITHS LLC		Control of the Contro	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limit	ed Liability Con	npany	
	closed Statement of Revocation of Dissolution for filing.	or Florida Limit	ed Liability Company and fee(s) are	
Please i	return all correspondence concerning this matter	· to:		
MIRIT	ZELLER			
	Contact Person		_	
DP SE	RVICES USA LLC			
	Firm/Company	<u>-</u>	<u> </u>	
4700 S	SHERIDAN STREET STE J		_	
	Address		_	
HOLY	WOOD, FL 33021		: •	
	City. State and Zip Code		5:1:2	
	RVICESUSA@GMAIL.COM		, P3	
E-1	mail address: (to be used for future annual repor	t notification)	_	
For fur	ther information concerning this matter, please	call:		
MIRIT	ZELLER	786 at (	496-3313	
	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 8 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:	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on	
5.	A copy of the Articles of Dissolution is attached.	
	Signature of person authorized to submit the revocation of dissolution	

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

Filing Fee:

CR2E132 (10/15)