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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilloss Ellik) Hallie)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Quickplay Housing Name of Limited Liability Con	undany
	closed Statement of Revocation of Dissolution for Florida Limited for filing.	ted Liability Company and fee(s) are
Please r	return all correspondence concerning this matter to:	
	Gristaio hopez	_
	Contact Derson	
	Firm/Company	-
	255 Cance Creek Falls Dv.	_
	City, State and Zip Code	_
(E-13	Wickplay frams Dor 11 Ogman - cornail address: (to be used for future annual report notification)	~ -
For furt	her information concerning this matter, please call:	
0	rispect hoper at (863	968 - 3450 Daytime Telephone Number
	Name of Contact Person Area Code	Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Quickplay Hauling LLC
	,
2.	The document number of the company is \(\bigcup 2100210128
3.	The effective date the Dissolution was filed is July 29, 7021
	1
4.	The revocation of dissolution was authorized on <u>Sugust</u> 2, 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)

CR2E132 (10/15)