

L03000006566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

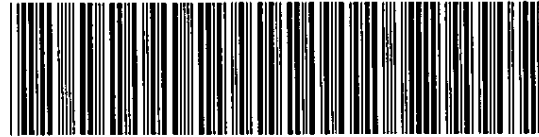
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/23/14--01032--008 \*\*100.00

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14 MAY 23 PM 1:51

DEPARTMENT OF REVENUE

FILED

2014 MAY 23 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L03-6566



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

CORPDIRECT AGENTS, INC.  
RICKY SOTO  
TALLAHASSEE, FL

SUBJECT: HANKSUGI, L.L.C.  
Ref. Number: L03000006566

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
5/23/14

We have received your document for HANKSUGI, L.L.C. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 814A00011324

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
5/23/14

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE  
5/23/14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY 23 PM 12:24

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RPDIRECT AGENTS, INC. (formerly CCRS)  
EAST PARK AVENUE  
LAHASSEE, FL 32301  
22 1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 05/23/2014

**REF. #:** 9155186

**CORP. NAME:** HANKSUGI, L.L.C.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                          | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                      | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                              | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                      | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                        |   |  |
| <input checked="" type="checkbox"/> OTHER: REVOCATION OF DISSOLUTION FILING |   |  |

**STATE FEES PREPAID WITH CHECK# 70020779 FOR \$ 100.0**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

2014 MAY 23 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hanksugi 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:

Ivan Umbacia  
Contact Person

Firm/Company

125 S State Rd 7 #104-311  
Address

Wellington FL 33414  
City, State and Zip Code

marcela@hanksugi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Gomez at (407) 9629985  
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

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TALLAHASSEE, FLORIDA

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**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:

Hanksugi LLC

2. The document number of the company is

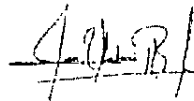
3. The effective date the Dissolution was filed is

02-07-2014

4. The revocation of dissolution was authorized on

05-15-2014

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 (2/14)

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2014 MAY 23 PM 12:24  
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TALLAHASSEE, FLORIDA