

L03000041453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

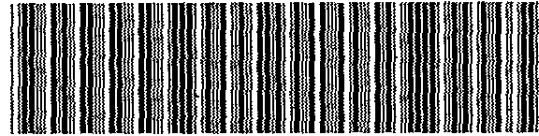
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Double Duo, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosemary Homeister
(Name of Person)

(Firm/Company)

19383 SW 108th Street
(Address)

Pembroke Pines, FL 33332
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Homeister at 954 205-5626
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$100 Filing Fee ☐ \$105 Filing Fee & Certificate of Status ☐ \$130 Filing Fee & Certified Copy ☐ \$135 Filing Fee, Certificate of Status & Certified Copy

CR2E097 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, 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 Double Duo, LLC
2. The document number of the company is LA30000041453
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was April 20, 2006
4. The revocation of dissolution was authorized in the same manner as the dissolution on July 27, 2006

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature

Typed or Printed Name

<u>Rosemary Homeister</u>	<u>ROSEMARY HOMEISTER</u>
_____	_____
_____	_____
_____	_____
_____	_____

Filing Fee: \$100.00