

**L04000024732**

**Florida Department of State  
Division of Corporations  
Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000009498 3)))



H090000094983ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 14 PM 12:26

**FILED**

**LLC DISS/WITH OR REV DISS**

**EASTLAKE DEVELOPMENT L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**RECEIVED**

09 JAN 14 AM 6:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. LUNT**

JAN 15 2008

**EXAMINER**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**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 EASTLAKE DEVELOPMENT, L.L.C.
2. The document number of the company is L04000024732
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
October 7, 2008
4. The revocation of dissolution was authorized in the same manner as the dissolution on January 14, 2009

2009 JAN 14 PM 12:26  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Signature



Typed or Printed Name

Alan S. Gassman, Authorized Representative

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Filing Fee: \$100.00**