L04000055675

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
_ (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400260216144

06/05/14--01003--003 **75.00

05/16/14--01032--013 **25.00

2014 JUN -3 PM 3: 20
2014 JUN -3 PM 3: 20
2014 JUN -3 PM 3: 20

JUN - 3 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2014

ROBERT THOMAS BOCK 998 LAKE DESTINY ROAD ALTAMONTE SPRINGS, FL 32714

SUBJECT: BOCK DEVELOPMENT, LLC

Ref. Number: L04000055675

We have received your document for BOCK DEVELOPMENT, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$75.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days 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: 914A00011233

COVER LETTER

Division of Corporations				
SUBJECT: BOCK DEVELOPMENT, LLC				
	ted Liability Co	mpany	-	
The enclosed Statement of Revocation of Dissolution submitted for filing.	for Florida Limi	ted Liability Company and	fee(s) are	
Please return all correspondence concerning this matter	er to:			
ROBERT THOMAS BOCK				
Contact Person		-		
BOCK DEVELOPMENT, LLC				
Firm/Company			SEC.	
998 LAKE DESTINY ROAD			AH	,
Address		_	Signal Si	
ALTAMONTE SPRINGS, F	L 32714		high The	
City, State and Zip Code		_	皇五	
rbock@bockarch.com			gm P	
E-mail address: (to be used for future annual report	rt notification)	_		
For further information concerning this matter, please	call:			
Robert Bock	at (838-0500		
Name of Contact Person	Area Code	Daytime Telephone Ni	umber	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

CR2E132 (2/14)

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.

The name of the company is:	
The document number of the company is	
04/08/2014 The effective date the Dissolution was filed is	
The revocation of dissolution was authorized on	
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)	
	The document number of the company is O4/08/2014 The effective date the Dissolution was filed is O5/15/2014 The revocation of dissolution was authorized on A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation of dissolution

CR2E132 (2/14)