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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT M	AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status _					
Special Instructions to Filing Officer:					
	,				

Office Use Only

G. MCLEOD

APR - 2 2008

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Reg Div	istration ision of (Section Corporations		
SUBJECT:		Name of Limit	ted Liability Company)	_(
Dear Sir or M	/ladam:			
The enciosed	l Articles	of Revocation of Dissolution	n and fee(s) are submitted	for filing.
Please return	all corre	spondence concerning this n	natter to the following:	
St	NAM	(Name of Person)		
~~	IACK	(Firm/Company)	1 LCC	
_22	<u>41</u>	HANNAh (Address)	WAY S	
		City/State and Zip Code)	FL. 3460	78
For further ir	nformatio	n concerning this matter, ple	ease call:	
She	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	ne of Person)	at (\(\frac{1}{\sqrt{O}} \) (Area Code & I	844-1400 Day ti me Telephone Number)
STREET/COREGISTRATION DIVISION OF COLUMN BUILD 2661 Execution Tallahassee,	Section Corporation ling we Cente	r Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations
Enclosed is	a check f	or the following amount:		
□\$100 Filin	g Fee	☐ \$105 Filing Fee & Certificate of Status	\$130 Filing Fee & Certified Copy	\$135 Filing Fee, Certificate of Status & Certified Copy

CR2E097 (8/05)

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 1114516 191911 CCL.						
2.	The document number of the company is 10500064178.						
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was Fob 28 th 2008						
4.	The revocation of dissolution was authorized in the same manner as the dissolution on $\frac{NRCh}{2}$						
Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:							
Sign	nature Typed or Printed Name	14. 1					
	Shappon Gunter R PM 22:	FILED SECRETARY OF STATE BIVISION OF COREGRATE					
	Filing Fee: \$100.00	2					

CR2E097 (8/05)

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