

# L05000110499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

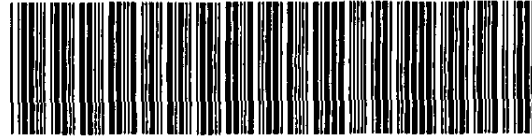
(Business Entity Name)

(Document Number)

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

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04/26/13--01029--016 \*\*100.00

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13 APR 26 PM 2: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY 30 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2013

JAMES STEIGERWALD  
RE: COVENANT TRUST PROPERTIES LLC  
7344 SW 60 ST.  
MIAMI, FL 33143

SUBJECT: COVENANT TRUST PROPERTIES, LLC  
Ref. Number: L05000110499

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

To revoke the dissolution for "COVENANT TRUST PROPERTIES, LLC" an annual report must also be filed at the same time. Enclosed is a form to use for the annual report. Please fill out and return to our office with a check of \$138.75 ( annual report fee ) along with a copy of this letter. I will file the Revocation of Dissolution with the original date I received the document.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 713A00010516

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Covenant Trust Properties 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:

**James Steigerwald**

Name of Person

**Covenant Trust Properties LLC**

Firm/Company

**7344 SW 60 ST**

Address

**Miami, Florida 33143**

City/State and Zip Code

**jasteigerwald@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**James Steigerwald**

Name of Person

at ( **786** ) **282-6322**

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

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

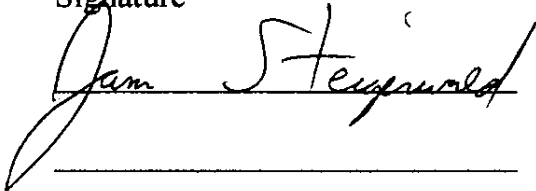
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TALLAHASSEE, FLORIDA

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 Covenant Trust Properties.
2. The document number of the company is L05000110499.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
02/19/2013.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 04/25/2013.

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

Signature



Typed or Printed Name

James Steigerwald

**Filing Fee: \$100.00**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
ANNUAL REPORT  
2013



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

COVENANT TRUST PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #

7344 SW 60 St

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33143

Country

USA

3. Mailing Office Address

7344 SW 60 St

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33143

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/15/2005

6. FEI Number

20-3820196

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

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KS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500248420775  
05/31/13--01001--010 \*\*138.75

8. Name and Address of Current Registered Agent

Name

James Steigerwald

Street Address (P.O. Box Number is Not Acceptable)

7344 SW 60 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

E-mail Address:

JASTEIGERWALD@AOL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

James Steigerwald

REGISTERED AGENT MUST SIGN

Date 5/17/2013

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES Steigerwald	7344 SW 60 St	Miami FL 33143

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

James Steigerwald

Date 5/17/13

Daytime Phone #

786-282-6322

Typed or printed name of signing Managing Member/Manager