

LOG000030306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

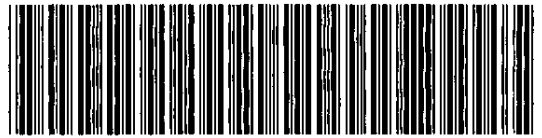
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESUON 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:

Victor Roudé  
(Name of Person)

ESUON LLC  
(Firm/Company)

909 Balland St Apts  
(Address)

Altamonte Springs, Fl. 32701  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Victor Roudé at ( 407 ) 617-2934  
(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:

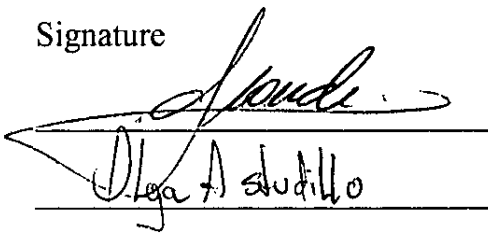
- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy

**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 EDUOR LLC.
2. The document number of the company is L 06000030306.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was December 7, 2007.
4. The revocation of dissolution was authorized in the same manner as the dissolution on April 2/2008.

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

Signature  
  
Olga Astudillo  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed Name  
Victor Ronder  
OLGA L. Astudillo  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**Filing Fee: \$100.00**