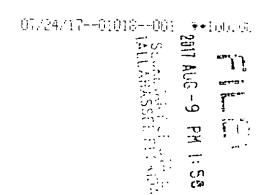
10000046212

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Kyle Hendersongave AUTI-DRIZATION BY PHONE TO CORRECT date DATE 8 11 17 DOC. EXAM THANKIS

Office Use Only



600301362166



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: PRAESIDIS ASSET MANAGE	EDMENT LLC					
Name of Limited Liability Company						
The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
KYLE D HENDERSON Contact Person						
Contact Person						
PRAGSIDIS ADVISORS Firm/Company						
Firm/Company						
11202 SUNNY DELIGHT CT						
Address						
ODESSA, FL 33556 City, State and Zip Code						
City, State and Zip Code						
E-mail address: (to be used for future annual report notification)	м					
For further information concerning this matter, please call:						
Name of Contact Person at (727) Area Code	403-5135					
Name of Contact Person Area Code	Daytime Telephone Number					
Registration Section For Example 2	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Callahassee, FL 32314					

Tallahassee, Florida 32301



July 27, 2017

KYLE D HENDERSON 11202 SUNNY DELIGHT CT ODESSA, FL 33556

SUBJECT: PRAESIDIS ASSET MANAGEMENT, LLC

Ref. Number: L06000046212

We have received your document for PRAESIDIS ASSET MANAGEMENT, 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):

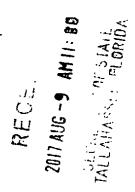
Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

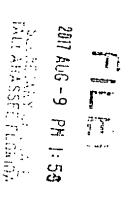
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00015221





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.

1.	The name of the company is: PRAUSIDIS ASSET MANAGEMENT LLC					
2.	The document number of the company is					
3.	The effective date the Dissolution was filed is APRIL 30, 2017					
4.	The revocation of dissolution was authorized on July 17, 2017					
5.	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)					

CR2E132 (10/15)

2017 AUG - 9 PH 1: 58

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2017 APR -6 PM 1:26

SECRETARY OF STATE
FALLAHASSIE, FLORIDA

۱.	. The name of a limited liability company is			TALLAHASSITE FLORIDA				
	Praesidis Asset Management,	LLC		<u>'''^\$\$/</u>	E. FLORIE			
2.	The Articles of Organization	n were filed on May	3, 2006	and assigned	1110%			
	document number L060000	46212						
3.	The delayed effective date the dissolution if not effective on the date of filing: April 30, 2017 (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.							
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the (copy 605,0707 on b	limited liability company's ack cover letter).	dissolution pursuant to sec	tion			
Non profitable entry for several years, Partner support withdrawn, No employees.								
		<u> </u>			-			
					-			
•								
5.	If there are no members, en	ter the name and add	dress of the person appointe	d to wind up the company'	- s			
	activities and affairs:	Kyle D Henderson			_			
					_			
			-					
		Odessa, FL 33556			_			
6. lis	Signature of an authorized patted above to wind up the cor	person or if there are mpany's activities an	no members, the signature affairs:	of the person appointed an	2817			
	KA IN		Kyle D Henderson	スラ 元 とう	A UG			
	Signature		•	ed Name	9			
FILING FEE: \$25.00								
					P**			
				## 12 ## (**)	<u>ප</u>			