

L06000056706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

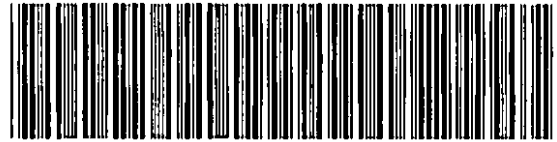
(Business Entity Name)

(Document Number)

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

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2019 MAR 22 PM 5:17  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alene Topel Revocable Living Trust

\_\_\_\_\_  
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:

Alene Topel

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

236 Ponce de Leon Street

\_\_\_\_\_  
Address

Royal Palm Beach Florida 33411

\_\_\_\_\_  
City, State and Zip Code

alron711a@hotmail.com

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

For further information concerning this matter, please call:

Alene Topel

at ( 561 ) 315-3178

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

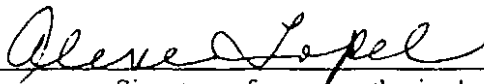
**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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.

- Alene Topel Revocable Living Trust
1. The name of the company is: \_\_\_\_\_
- L06000056706
2. The document number of the company is \_\_\_\_\_
- 02/14/2019
3. The effective date the Dissolution was filed is \_\_\_\_\_
- 02/14/2019
4. The revocation of dissolution was authorized on \_\_\_\_\_
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)**

**FILED**  
**Feb 14, 2019**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

**ALENE TOPEL REVOCABLE LIVING TRUST, LLC**

The document number of the limited liability company: L06000056706

The file date of the articles of organization: June 2, 2006

The effective date of the dissolution if not effective on the date of filing: February 14, 2019

A description of occurrence that resulted in the limited liability company's dissolution:

DO NOT NEE ANYMORE

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **ALENE TOPEL**

Electronic Signature of authorized person

2019 FEB 14 22 09:17

FILED