

LD6000080413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

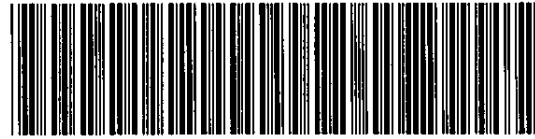
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/13/13

Office Use Only



400245558034

Rev. of Diss CC

FILED
13 Dec 13 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LD6-80413

JAN 03 2014

N. CAUSSEAU

**1-866-MAX LEAN****JUST SAY MAX**

Pembroke Pines Store
15930 Pines Boulevard, Pembroke Pines FL 33027

Sunrise Store
137 NW 136th Avenue, Sunrise FL 33325

Pinecrest Store
9473 S. Dixie Highway, Pinecrest, FL 33156

"THE AUTHORITY ON SPORTS NUTRITION"**FAX**

To: Mrs. Causseaux	From: Carla Machado
Fax: 850-245-6030	Pages: 10 including cover
Phone: 850-245-6051	Date: January 2, 2014
Re: Revocation of Dissolution	cc:

Comments:

Good Afternoon,

Attached please find enclosed Articles of Revocation of Dissolution with an effective date of **December 12, 2013**. I have also attached a copy of a cancelled check reflecting payment for the filing of this Revocation of Dissolution following document Numbers:

Just Say Max, LLC - Document No: L06000080413

Just Say Max Holdings, LLC- Document No: L09000064436

Please feel free to call me at (305) 373-6868 if you need any additional information to process this request.

Thank you kindly for your assistance and Happy New Year,

Carla Machado

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN -2 AM 9:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Say Max, 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:

Ruben Oliva

Name of Person

Rojas & Oliva P.A.

Firm/Company

15800 Pines Blvd Suite 206

Address

Pembroke Pines, FL 33027

City/State and Zip Code

rubenfl@gmail.com

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

For further information concerning this matter, please call:

Ruben Oliva

Name of Person

at (305) 373-6868

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

CR2E097 (8/05)

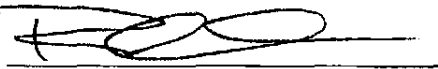
**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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 Just Say Max LLC.
2. The document number of the company is L06000080413
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
12/10/2013
4. The revocation of dissolution was authorized in the same manner as the dissolution on 12/12/13.

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

Signature



Typed or Printed Name

Ruben Oliva

Filing Fee: \$100.00

CR2E097 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC -13 AM 9:30

FILED