

LD60000114404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

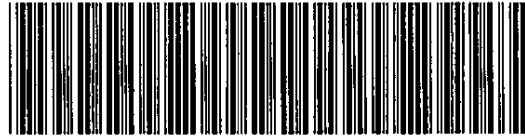
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800273800988

06/19/15--01031--018 **100.00

FILED
15 JUN 19 PM 2:50
SECRETARY OF STATE
FALLS, MISSOURI

JUN 22 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLDIVA REAL ESTATE 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:

Alejandra Clifford

Contact Person

SOLDIVA REAL ESTATE, LLC

Firm/Company

11031 SW 153 ST

Address

Miami, FL 33157

City, State and Zip Code

alex.clifford@bellsouth.net

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

For further information concerning this matter, please call:

Alejandra Clifford

at (786) 291-2821

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

CR2E132 (4/15)

FILED
15 JUN 19 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

- SOLDIVA REAL ESTATE LLC
1. The name of the company is: _____
- L06000114404
2. The document number of the company is _____
- 03/31/2015
3. The effective date the Dissolution was filed is _____
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.
- 03/31/2015
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)

CR2E132 (4/15)

FILED
15 JUN 19 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

