

LO7000030134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

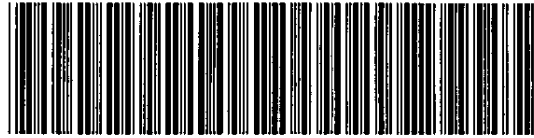
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Florida Holdem  
(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:

Joseph Morganelli  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

399 Balboa Blvd  
(Address)

Clermont / FL / 34715  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Morganelli at ( 407 ) 353-7853  
(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

CR2E097 (8/05)

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**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 Central Florida Holdem.
2. The document number of the company is L07000030134.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
06/20/2007.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 07/30/2007.

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

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed Name

Joseph Morganelli  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**Filing Fee: \$100.00**