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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GT Group Name of Limited Liabili	ty 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	-
Carlos Garcia Name of Person	
CGT Grow, LLC Firm/Company	SECO
957 5W 154 Ct. Address	AUG 22 NE TARY AHASSE
Miami FZ 33194 City/State and Zip Code	OF STATE E. FLORI
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Cartes Gascia atc	307-2960
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:	
	Filing Fee & \$135 Filing Fee, fied Copy Certificate of Status & Certified Copy

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:

The name of the company is _____ Group

2.	The document number of the company is	
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 4 22 29 N The revocation of dissolution was authorized in the same manner as	
4.	the dissolution on 7/22/2011.	
	atures of the members having the same percentage membership interests essary to approve the revocation of dissolution:	
Sign	ignature Typed or Printed Name	
	Carlos Garcia	
	Filing Fee: \$100.00	

1.