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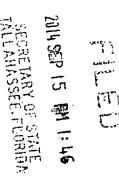
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name	e) ,		
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
ROSSMAN'S POOL SERVICE	LLC			
SUBJECT:	ited Liability Co	ompany		
		•		
The enclosed Statement of Revocation of Dissolution submitted for filing.	i for Florida Lim	ited Liability Company and fee(s	i) are	
Please return all correspondence concerning this matt	er to:			
Greg Rossman				
Contact Person				
Rossman's Pool Service			20H	
Firm/Company	·		ALLAHI SESRET	
1619 s.w. 6 ave.			FAR)	projekt (a ngababu
Address				777
Fort Lauderdale, Florida 33315			JIMIS .	
City, State and Zip Code				
glrossman@att.net				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	e call:			
Greg Rossman	at (954	525-4834		
Name of Contact Person	Area Code	Daytime Telephone Numb	er	
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.

1.	Rossman's Pool Service The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on September 12,2014
5.	A copy of the Articles of Dissolution is attached. Leg Rosman
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)

CR2E132 (2/14)

2014 SCRETARY OF STATE