## L07000 017948

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



100282434661

04/05/16--01008--002 \*\*100.00

16 APR - 5 AM IO: 3.3 SEGRETARY OF STATE TALLAHASSEE, FLORIN

APR 06 2016 J SHIVERS

## COVER LETTER •

TO:	Registration Section Division of Corporations		
em i	ECT: BIT MINDER LLC		
SUBJ		nited Liability Cor	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	n for Florida Limit	ted Liability Company and fee(s) are
Please	e return all correspondence concerning this mat	ter to:	
SREE	NIVASULU CHERUKURI		
	Contact Person	<del>-</del> · · · · · · · · · · · · · · · · · · ·	_
BIT N	MINDER LLC		
	Firm/Company		_
13241	Bartrampark Blvd, Unit 1609		
	Address	·	<del>-</del>
Jackso	onville, FL 32258		
	City, State and Zip Code		_
	ch@gmail.com		
E	-mail address: (to be used for future annual rep	ort notification)	_
For fu	rther information concerning this matter, pleas-	e call:	
Sreen	ivasulu Cherukuri	at ( 832	863 3336
	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

## 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.	BIT MINDER LLC The name of the company is:
2.	L08000013948  The document number of the company is
3.	The effective date the Dissolution was filed is
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)

TE APR -5 AM 10: 4 F SECRETARY OF STATE TABLEMBASSEE, FLORID:

CR2E132 (10/15)