

LD88000023306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

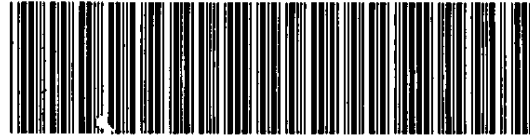
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 2016  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIGHLAND SWAMP 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:

DAWN SAUCIER

Contact Person

SCANDURRO & LAYRISSON LLC

Firm/Company

607 ST. CHARLES AVENUE

Address

NEW ORLEANS, LA 70130

City, State and Zip Code

jean-paul@scanlayr.com

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

For further information concerning this matter, please call:

DAWN SAUCIER

Name of Contact Person

at ( 504 )

Area Code

522-7100

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

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TALLAHASSEE, FLORIDA

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**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.

**HIGHLAND SWAMP LLC**

1. The name of the company is: \_\_\_\_\_
2. The document number of the company is L08000023306
3. The effective date the Dissolution was filed is 05/20/2016
4. The revocation of dissolution was authorized on 05/20/2016
5. A copy of the Articles of Dissolution is attached.

**Dawn Saucier**

\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

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TALLAHASSEE, FLORIDA

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