## L080000 72430

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJi	Credence Avaition LLC		
o CDJ		ited Liability Cor	npany
	aclosed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matter	er to:	
Jayara	m Chigurupati		
	Contact Person		_
Crede	nce Aviation LLC		
	Firm/Company		_
601 H	eritage Drive, Suite 118		
	Address		•••
Jupite	r, FL 33458		
	City, State and Zip Code		_
chigur	rupatip@gmail.com		
E-	mail address: (to be used for future annual repo	ort notification)	<del>-</del>
For fu	rther information concerning this matter, please	call:	
Jayara	ım Chigurupati	561	623-5490
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		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.	Credence Aviation LLC The name of the company is:
2.	L08000072430 The document number of the company is
3.	5/1/2015  The effective date the Dissolution was filed is
4.	5/5/2015 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Cl.JL
	Signature of person authorized to submit the revocation of dissolution
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)