

LO8000075811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

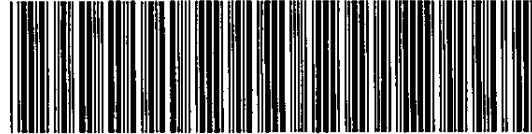
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deb Richard Consulting, 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:

Debra A. Richard

Contact Person

Deb Richard Consulting, LLC

Firm/Company

125 Hidden Cove Lane

Address

Ponte Vedra Beach, FL 32082

City, State and Zip Code

drcswe@gmail.com

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

For further information concerning this matter, please call:

Deb Richard

Name of Contact Person

at (904)

Area Code

610-1211

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

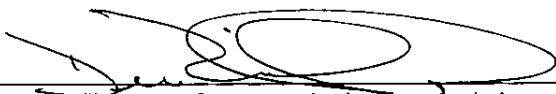
MAILING ADDRESS:

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. The name of the company is: Deb Richard Consulting, LLC
2. The document number of the company is L08000075811
3. The effective date the Dissolution was filed is October 7, 2014
4. The revocation of dissolution was authorized on December 4, 2014
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)

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