

LO800009S208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

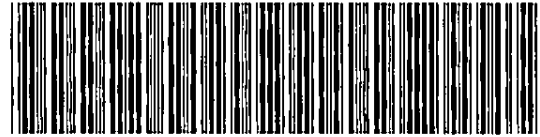
(Business Entity Name)

(Document Number)

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

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08/25/17--01016--025 \*\*130.00

D. SCOTT  
AUG 29 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 409 72nd Street Marina 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:

Ray L Wien

\_\_\_\_\_  
Contact Person

LANDMARK PROPERTY, LLC

\_\_\_\_\_  
Firm/Company

PO Box 6094

\_\_\_\_\_  
Address

Wyomissing, PA 19610

\_\_\_\_\_  
City, State and Zip Code

rwien2814@comcast.net

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

For further information concerning this matter, please call:

Ray L Wien

at ( 917 ) 495-4315

\_\_\_\_\_  
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

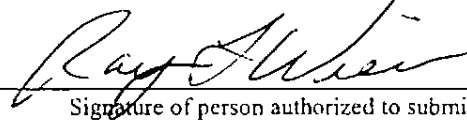
**MAILING ADDRESS:**

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. The name of the company is: 409 72nd Street Marina LLC
2. The document number of the company is L08000095208
3. The effective date the Dissolution was filed is 5/05/2017
4. The revocation of dissolution was authorized on 08/04/2017
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)**