

L08000101466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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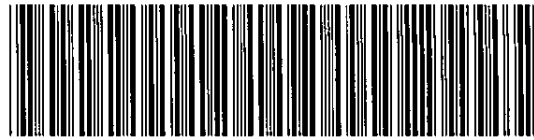
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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- xx** **FILING** LLC Revocation _____

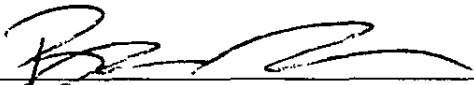
1. Reliant Inventory Group, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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: RELIANT INVENTORY GROUP, LLC
2. The document number of the company is L08000101466
3. The effective date the Dissolution was filed is 02/13/2017
4. The revocation of dissolution was authorized on 03/15/2017
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution
Brian J Miller, MGRM

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

CR2E132 (10/15)

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Feb 13, 2017
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ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

RELIANT INVENTORY GROUP, LLC

The document number of the limited liability company: L08000101466

The file date of the articles of organization: October 29, 2008

A description of occurrence that resulted in the limited liability company's dissolution:

COMPANY DISSOLVED

The name and address of the person appointed to wind up the company's activities and affairs:

CHARLES MALZAHN
7155 SW 47TH ST #311
MIAMI, FL 33155

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHARLES MALZAHN

Electronic Signature of authorized person