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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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TO:	Registration Section Division of Corporations		ŗ
SUBJ	ECT: K & G SERVICES OF JACKSONVILI	.E. LLC	
		nited Liability Cor	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	ı for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matt	ter to:	
TODE	ROBINSON		
	Contact Person		_
	Firm/Company		-
1343 I	BULLS BAY HWY.		_
	Address		-
JACK	SONVILLE, FL. 32220		
	City, State and Zip Code		_
[E.	odd y obinson 2962 @ mail address: (to be used for future annual refo	ort notification)	em
For fu	rther information concerning this matter, pleaso	ecall:	
TODE	ROBINSON	904 at (226-0335
	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

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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.

1.	K & G SERVICES OF JACKSONVILLE, LLC The name of the company is:
2.	The document number of the company is
3.	FEBRUARY 1, 2017 The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
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)

CR2E132 (10/15)

