

LO8000116996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

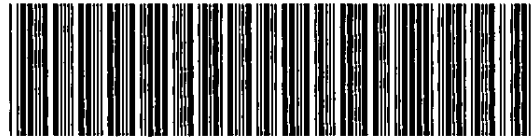
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:
Revocation
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 14 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Technical Solutions
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gustavo Coutin
Name of Person

Total Technical Solutions
Firm/Company

2905 SW 16th Pl
Address

Cape Coral, Fl 33914
City/State and Zip Code

guscoutin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Coutin at (239) 628-9887
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy

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