

L09000027412

(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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OCT 06 2016

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**NELSON SLOSBERGAS**  
ATTORNEY AND CIVIL LAW NOTARY

(305) 374-0030  
FAX (305) 374-2855

October 1<sup>st</sup> 2016

**Florida Secretary of State**  
Notarial Certificates and Apostilled  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

VIA Federal Express

RE: Apostilling

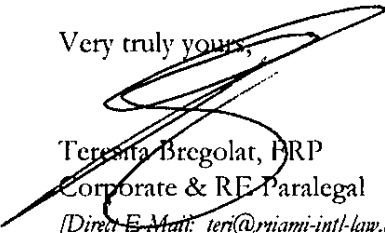
Dear Sir or Madam,

Enclosed please the Statement of Revocation of Dissolution, together with our firm's checks totaling for \$100.00.

Once restores, please return the originals of the same to the undersigned in the attached federal express envelope.

Thank you for your attention to this matter.

Very truly yours,

  
Teresa Bregolat, FRP  
Corporate & RE Paralegal

[Direct E-Mail: [teri@miami-intl-law.com](mailto:teri@miami-intl-law.com)]

/tbc  
Enclosures (as noted)

**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: LELYS LLC
2. The document number of the company is L09000027412
3. The effective date the Dissolution was filed is 7/28/2015
4. The revocation of dissolution was authorized on 07/28/2015
5. A copy of the Articles of Dissolution is attached.

*Paula Yezzer Vawter*  
Signature of person authorized to submit the revocation of dissolution

FILED  
16 OCT -5 PM 4:00  
CLERK OF COURT  
FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LELYS LLC

2. The Articles of Organization were filed on 03/20/2009 and assigned

document number L09000027412

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO LONGER IN BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Maria Tereza Tavares Mattos  
Signature

Maria Tereza Tavares Mattos  
Printed Name

**FILED**  
15 JUL 28 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA