

# L090000048197

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

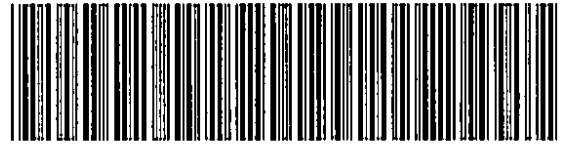
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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07/09/20--01019--004 ♦♦♦♦♦

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUL -9 AM 11:19

*Revocation*

AUG 29 2020

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 450 W. 17 Street 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:

Ali Onur

Contact Person

Firm/Company

501 S. OLEAH BLVD APT 203

Address

BOLERA RATION FL 33432

City, State and Zip Code

A.ONUR @ ATT.NET

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

For further information concerning this matter, please call:

BRAIN TAMONEY

Name of Contact Person

at ( 910 )

Area Code

725 0217

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**


Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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STATE  
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CORPORATIONS  
20 JUL -9 AM 11:18

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: 450 W 17 Street LLC
2. The document number of the company is LO9000048197
3. The effective date the Dissolution was filed is 04/29/2020
4. The revocation of dissolution was authorized on 04/29/2020
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)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 JUL -9 AM 11:18

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

20 APR 29 AM 9:46

1. The name of a limited liability company is  
450 W 17 STREET LLC

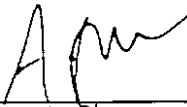
2. The Articles of Organization were filed on 05/18/2009 and assigned  
document number L09000048197

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).  
Consent of all members of the company

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

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:



Signature

Ali Onur

Printed Name

**FILING FEE: \$25.00**