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COVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT: DOCTV, LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HANS HUEBNER Name of Person
Name of Person
DOCTU, LLC
8920 SW 110 +4-ST
Address
MIAMI FL 33176 City/State and Zip Code
City/State and Zip Code
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
HANS HUEBNER at (305) 772 29/1
Name of Person Area Code & Daytime Telephone Number
Registration Section Registration Section Division of Corporations Clifton Building Refile Executive Center Circle Callahassee, 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 \$\ \text{Certificate of Status} \text{S130 Filing Fee & Certified Copy} \text{S135 Filing Fee, Certified Copy} \text{Certified Copy}

ARTICLES OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY



Pursuant to section 608.4411, 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:

The name of the company is

1.

DOCTY, LLC

2.	The document number of the company is <u>L090005177</u>
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was /// 04/ 2009.
4.	The revocation of dissolution was authorized in the same manner as the dissolution on $\frac{1/04/09}{}$.
	atures of the members having the same percentage membership interests ssary to approve the revocation of dissolution: Typed or Printed Name HAWS HUEBNER
	Filing Fee: \$100.00