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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	<u></u>
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

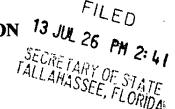
K.SALY EXAMINER JUL 29 2013

COVER LETTER

TO: Registration Section **Division of Corporations** Sunrise Wholesale NWF 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: Charles H Holt Name of Person Sunrise Wholesale Firm/Company 9130 Cove Ave Address Pensacola FI 32534 City/State and Zip Code sunwhsle@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Holt Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$100 Filing Fee □ \$105 Filing Fee & □ \$130 Filing Fee & \$135 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

ARTICLES OF REVOCATION OF DISSOLUTION 13 JUL 26 PH 2: 41 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:

. Sunrise Wholesale nwf llc.

1.	I ne name of the company	IS	
2.	The document number of the company is #1000028939		
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was		
4.	The revocation of dissolut the dissolution on	ion was authorized in the same manner as $24/3$.	
_	atures of the members havir	ng the same percentage membership interests tion of dissolution:	
Sign	ature	Typed or Printed Name	
lat	Tricia D'Holt	Patricia D Holt	
			
************	· · · · · · · · · · · · · · · · · · ·		
	Fili	ng Fee: \$100.00	