

L10000043427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. HAWKES  
OCT 25 2010  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BC 2265 AA, 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:

DAVID MCNULTY

Name of Person

BC 2265 AA, LLC

Firm/Company

9160 THE LANE

Address

NAPLES, FL 34106

City/State and Zip Code

BEACONDUNKIN@YAHOO.COM

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

For further information concerning this matter, please call:

DAVID MCNULTY

Name of Person

at ( 239 ) 789-5109

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

**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

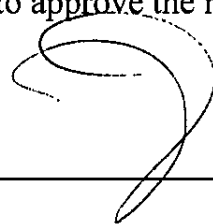
Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is BC 2265 AA, LLC
2. The document number of the company is 110000043427
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
5/1/2010.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 10/21/2010.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature

Typed or Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAVID MCNULTY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fee: \$100.00**

FILED  
10 OCT 22 AM 11:31  
CLERK OF STATE  
TALLAHASSEE FLORIDA