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S. HAWKES 0CT 2 5 2010 EXAMINER

COVER LETTER

TO:		ration Sec on of Corp						
SUBJECT: B					C 2603 ED, LLC			
Name of Limited Liability Company								
Dear Si	ir or Mad	lam:						
The end	closed A	rticles of	Revocation of Dis	solution a	nd fee(s	are submitte	d for filing.	
Please r	return all	correspo	ndence concernin	g this matt	er to the	following:		
			AVID MCNUI	_TY				
			Name of Person					
		E	SC 2603 ED, L Firm/Company	LC_				
		9	9160 THE LA	NE				
			Address					
			APLES, FL 34 y/State and Zip Cod					
E-	BI mail addı	EACON	DUNKIN@Y/ used for future ann	AHOO.C	OM otificatio	n)		
For furt	ther info	rmation c	oncerning this ma	tter, please	e call:			
	מ		MCNULTY		_ at (239	789-5109	
		Name o	r Person			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				
Enclose	ed is a c	heck for	the following am	ount:				
\$100) Filing I	Fee	\$105 Filing Fee Certificate of S			Filing Fee & ed Copy	\$135 Filing Fee, Certificate of Status & Certified Copy	

TO:

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 ______BC 2603 ED, LLC

2.	The document number of the company is					
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 the dissolution on10/2	on was authorized in the same manner as 1/2010				
_	natures of the members having essary to approve the revocation	the same percentage membership interests on of dissolution:				
Sign	nature	Typed or Printed Name				
		DAVID MCNULTY				
	Filing	Fee: \$100.00				

1.