L10000046197

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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARIMENT OF STATE

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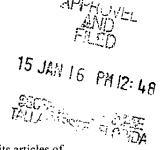
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TO:	Registration Section				
	Division of Corporations				
SURJ	ECT:	M_1	RANDE	×	LLC
DCD0		Name	of Limited Li	ability Con	npany
		n of Diss	olution for Flo	orida Limit	ed Liability Company and fee(s) a
submit	tted for filing.				,
Please	return all correspondence cond	erning th	nis matter to:		
	Dexter	AL	(
	Contact P	erson	-3	<u> </u>	_
	MIRANDEX	260			
	Firm/Con	npany			_
	8139 NW 1	7 <i>H</i> h	MAN	or	
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E	-mail address: (to be used for fi	iture ann	ial report noti	ification)	_
For fu	rther information concerning th	nis matter	, please call:		
	DEXTER AL	-1	at (954	, 601-7165
	Name of Contact Person		1	Area Code	Daytime Telephone Number
	STREET ADDRESS:				MAILING ADDRESS:
	Registration Section				Registration Section
	Division of Corporations Clifton Building				Division of Corporations P. O. Box 6327
	2661 Executive Center Circ	le			Tallahassee, FL 32314
	Tallahassee, Florida 32301				

STATEMENT OF REVOCATION OF DISSOLUTION 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: MIRANGEX LLC
2.	The document number of the company isL[0000046197
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on 1 2015
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)

CR2E132 (2/14)