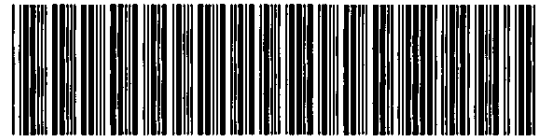


L10000059348



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

SEP 29 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFTLISS PROFESSIONAL LINE LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LUIS CORDEIRO

Contact Person

SOFTLISS PROFESSIONAL LINE LLC

Firm/Company

13937 SW 84 ST

Address

MIAMI, FL 33183

City, State and Zip Code

SOFTLISS50@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS CORDEIRO

Name of Contact Person

at (786) 2187048

Area Code

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

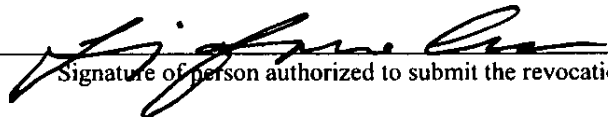
MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
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.

- SOFTLISS PROFESSIONAL LINE LLC
1. The name of the company is: _____
 2. The document number of the company is L10000059348
 3. The effective date the Dissolution was filed is 09/07/2016
 4. The revocation of dissolution was authorized on 09/22/2016
 5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

FILED
16 SEP 26 AM 11:00
STATE OF FLORIDA
CLERK OF THE COURT

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Sep 07, 2016
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SOFTLISS PROFESSIONAL LINE, LLC

The document number of the limited liability company: **L10000059348**

The file date of the articles of organization: **June 3, 2010**

The effective date of the dissolution if not effective on the date of filing: **September 7, 2016**

A description of occurrence that resulted in the limited liability company's dissolution:

THE ACTIVITIES OF THE COMPANY ARE CLOSED, AND WILL NOT BE RE-OPEN.

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **LUIZ CORDEIRO**

Electronic Signature of authorized person