

L100000065978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 47 AVENUE 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:

Jorge Luis Milian

Contact Person

47 AVENUE LLC

Firm/Company

2700 Granada Blvd

Address

Coral Gables, Fla 33134

City, State and Zip Code

judges2@me.com

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

For further information concerning this matter, please call:

Jorge Milian

305 213 238
at ()

Name of Contact Person

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.

- 47 AVENUE LLC
1. The name of the company is: _____
- 1.10000065978
2. The document number of the company is _____
- 3/4/2018
3. The effective date the Dissolution was filed is _____
- 4/8/2018
4. The revocation of dissolution was authorized on _____
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)