

210 0000 78579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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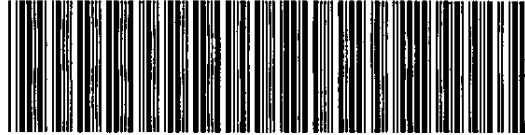
(Business Entity Name)

(Document Number)

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FILED
15 MAR 31 AM 8:00
STATE DEPT OF REVENUE
TALLAHASSEE, FLORIDA

APR 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALEONCE 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 A. CASTRO
Contact Person

PALEONCE LLC
Firm/Company

1775 WASHINGTON AV, APT 7C
Address

MIAMI BEACH, FL 33139
City, State and Zip Code

LUIS66ANGEL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS A. CASTRO at (305) 458 8168
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.

1. The name of the company is: PALEONCE LLC
2. The document number of the company is L10000078538
3. The effective date the Dissolution was filed is 3-10-15
4. The revocation of dissolution was authorized on 3-20-15
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)

FILED
15 MAR 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA